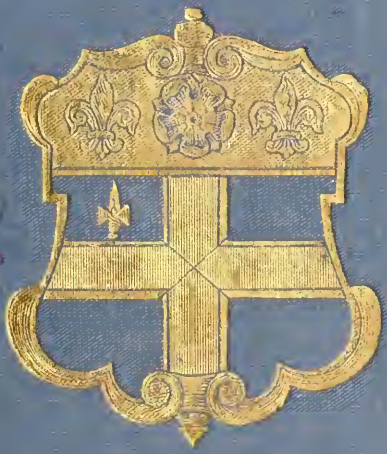

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1922.

Combined Medical, Surgical, and Gynæcological Report, 1922,

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AND

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Page 55, line 14, *insert* Closure of *before* Colostomy.
Page 198, line 3 from bottom, *for* Renaud *read* Raynaud.

TABLE I.—*Statistical Statement of the Incidence of Diseases*

INDEX AND

DISEASE.		Age.	0—				5—				10—			
		Total.	Discbd.		Died.		Discbd.		Died.		Discbd.		Died.	
			M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.
General diseases	1–31	522	31	23	6	7	13	20	2	1	37	48	1	...
Diseases of respiratory system	32–44	528	35	23	11	4	13	9	2	...	52	41	...	1
Diseases of circulatory system	45–58	198	3	1	1	1	3	3	...	...	16	12	4	3
Diseases of skin and subcutaneous tissues	59–62	138	5	4	...	...	1	2	...	...	7	6	...	...
Diseases of digestive system	63–92	1838	60	36	5	7	95	84	2	...	148	186	4	2
Intestinal parasites	93	4	1	...	...	...	...	...	...	...	...	...	...	...
Diseases of peritoneum	94–96	64	...	1	1	1	1	6	...	1	9	10	1	2
Hernia	97	515	58	8	...	...	25	8	2	...	59	16	...	...
Diseases of lymphatic system	98–100	112	7	4	...	...	6	6	...	...	7	19	..	...
Diseases of ductless glands	101–104	131	...	1	...	...	...	...	...	...	4	7	...	...
Diseases of generative system	105–120	1238	3	...	...	...	8	...	...	...	15	25	...	...
Diseases of urinary system	121–133	333	3	...	1	1	9	10	1	1	25	7	1	2
Diseases of muscular system	134	4	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of bursæ and tendons	135	29	...	...	...	...	1	1	...	...	3	9	...	...
Diseases of osseous system	136–143	111	3	1	...	...	6	3	1	...	21	16	2	1
Diseases of articulatory system	144–151	135	3	3	...	...	3	2	...	...	15	21	...	...
Deformities	152–158	178	20	13	...	...	19	12	...	...	17	38	...	...
Malformations	159–162	50	14	12	...	1	6	3	...	...	4	3	...	...
Diseases of auditory system	163–165	118	5	2	...	...	13	8	2	...	23	19	3	2
Diseases of nervous system	166–185	255	7	8	7	4	8	5	2	2	14	18	2	3
Injuries, poisons and unclassified	186–200	425	31	23	3	3	28	14	4	2	51	21	1	1
Totals		6926	289	163	35	29	258	196	18	7	527	522	19	17

d Injuries, Medical, Surgical and Gynæcological.

MMARY.

20—				30—				40—				50—				60—				Result.			
Discbd.		Died.		Discbd.		Died.		Discbd.		Died.		Discbd.		Died.		Discbd.		Died.		Discbd.		Died.	
.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
4	44	2	1	43	26	4	1	35	23	3	...	30	20	2	3	14	6	2	...	277	210	22	13
8	59	4	1	24	40	1	...	45	26	7	2	17	11	11	1	11	8	1	...	265	217	37	9
0	13	2	2	14	19	2	1	19	11	6	...	17	3	4	...	10	3	4	1	102	65	23	8
0	7	...	...	5	9	...	...	12	13	1	1	10	16	1	...	19	9	...	...	69	66	2	1
1	137	8	2	148	99	5	2	151	101	16	5	130	18	17	7	92	47	19	7	965	770	71	32
.	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3	1	...	...
1	7	...	...	3	4	1	...	2	6	1	...	1	...	...	...	2	2	1	...	19	36	5	4
2	21	...	...	54	31	...	...	52	31	1	...	32	23	...	...	16	9	3	4	358	147	6	4
7	17	...	...	6	9	1	...	2	6	...	...	6	1	1	...	5	2	...	...	46	64	2	...
4	25	...	...	2	36	...	...	5	29	1	3	3	7	1	...	1	2	...	...	19	107	2	3
8	466	1	...	10	322	...	5	10	194	...	3	6	110	...	...	4	47	...	1	64	1164	1	9
2	12	1	...	30	21	1	1	26	16	6	...	39	17	3	1	60	3	13	...	214	86	27	6
1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
2	1	...	...	1	2	...	...	3	...	...	...	1	1	...	...	1	3	...	...	12	17	...	...
1	10	1	...	7	3	...	...	7	6	1	...	4	1	1	...	3	2	...	...	62	42	6	1
9	11	...	...	11	4	...	...	8	9	...	...	8	7	...	...	4	6	1	...	71	63	1	...
3	15	...	...	3	15	...	...	...	11	...	...	3	7	...	...	2	...	...	...	67	111	...	...
2	...	...	...	3	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	31	18	...	1
6	19	...	...	4	8	...	...	...	3	...	...	1	...	...	...	...	...	...	...	52	59	5	2
9	8	1	1	23	21	5	1	22	17	2	1	16	12	4	2	3	7	...	...	112	106	23	14
4	20	2	...	42	14	4	...	32	13	2	1	24	19	1	...	11	8	3	3	263	132	20	10
4	902	17	7	433	684	24	13	434	515	47	16	350	335	46	14	258	164	47	16	3073	3481	253	119

TABLE I.—

The numbers in the last column indicate con-
which the patients

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
GENERAL DISEASES.																					
1. Anæmia—																					
(*a*) Pernicious	7	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(*b*) Secondary	8	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	1	1	...	...
(*c*) Splenic	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
(*d*) Chlorosis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
2. Debility	12	1	...	...	...	...	2	...	...	1	...	...	...	3	1	...	...	1	...	...	...
3. (*a*) Diabetes	41	...	...	...	...	...	...	1	3	2	...	...	...	5	3	...	...	4	3	...	1
(*b*) Glycosuria	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Diphtheria	3	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
5. Enteric fever	14	...	...	...	...	...	...	...	...	3	4	...	...	1	2	...	...	1	1	...	...
6. Erysipelas	12	...	1	...	...	...	...	...	...	2	1	...	...	...	1	...	...	1	3	...	...
7. Pyrexia	4	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
8. Gonorrhœa	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Gout	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
10. Influenza	42	...	...	...	...	1	...	...	...	...	5	...	...	20	3	...	...	6	1	2	...
11. Leukæmia—																					
(*a*) Myelæmia	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Lymphæmia	5	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...
12. Lymphadenoma	12	...	...	...	...	1	...	...	...	2	2	1	...	1	1	1	...	1	...	...	...
13. Marasmus and malnutrition	9	2	3	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14. Various infections	6	2	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
15. Measles	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16. Pyæmia	3	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
17. Purpura and hæmophilia	7	1	...	...	...	2	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...
18. Acute rheumatism	44	...	...	...	...	2	4	1	...	6	14	...	...	5	5	...	...	2	3	...	...
19. Rheumatoid arthritis	9	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2	...	...
20. Rickets	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21. Epidemic gastro-enteritis	12	3	4	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22. Septicæmia	3	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23. Syphilis	9	3	2	...	1	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...
24. Tetanus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25. Generalized tuberculosis	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
26. Acute abscess	115	12	5	...	...	2	8	...	...	11	5	...	...	17	12	...	...	13	3	...	...
27. Chronic abscess	38	1	...	...	...	2	1	...	...	4	6	...	...	3	5	...	...	1	3	...	...
28. Cellulitis	29	3	1	...	...	...	2	...	...	1	1	...	...	8	1	...	1	4	3	...	...
29. Sinus	19	...	...	...	...	...	...	...	...	...	4	...	...	5	1	...	...	1	1	...	...
30. Carbuncle and furuncle	27	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	4	1	...	...
31. Various general diseases	10	...	2	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1	1	...	...

continued.

urrent diseases in addition to those under
re primarily classified.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Disch'd.		Died.		Disch'd.		Died.		Disch'd.		Died.		Disch'd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
...	1	...	...	3	...	1	...	...	...	...	...	3	2	2	...	
2	...	...	...	...	1	...	...	...	...	...	...	4	4	...	...	
...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
...	...	...	...	2	...	...	...	...	1	...	...	8	4	...	...	
5	1	...	...	4	4	...	...	1	3	1	...	22	16	1	2	10, 52.
...	...	...	...	1	2	...	...	...	...	...	...	1	2	...	...	39, 177.
...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	
...	1	1	...	...	...	...	...	...	...	...	...	5	8	1	...	
1	1	...	...	...	...	...	...	1	...	...	...	5	7	...	...	
...	1	...	...	1	...	...	...	...	...	...	...	2	2	...	...	26.
1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
1	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	
1	...	...	...	...	1	...	...	2	...	...	...	30	10	2	...	
																35, 36.
1	...	...	...	1	2	...	...	...	...	...	...	2	2	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	
...	...	...	...	1	...	...	1	...	...	...	...	6	3	2	1	40.
...	...	...	...	...	...	...	...	...	...	...	...	2	3	2	2	40, 133 (*b*).
...	...	...	...	...	...	...	...	...	...	...	...	4	2	...	...	
...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	
...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	
1	...	...	...	...	...	...	...	...	...	...	...	6	1	...	...	
																18.
...	1	...	...	...	1	...	...	...	...	...	...	15	28	1	...	
2	1	...	...	...	1	...	...	1	...	...	...	3	6	...	...	35, 46, 50, 51, 52, 53.
...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	3	4	2	3	172.
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	64 (*b*).
...	...	...	...	...	...	...	...	...	...	...	...	3	5	...	1	1 (*b*).
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	2	...	...	...	...	1	...	...	...	...	...	...	3	1	
7	7	...	...	7	2	...	1	3	..	...	...	72	42	..	1	140.
4	3	...	...	1	1	....	2	1	...	...		18	20	...	...	
1	...	...	...	1	1	...	...	...	1	...	...	18	10	...	1	
2	3	...	...	2	...	...	...	...	...	...	...	10	9	...	..	
4	2	...	...	5	2	1	...	3	...	...	...	18	8	1	...	
1	1	...	...	...	1	...	...	...	...	...	...	4	5	1	...	

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discbd.		Died.		Discbd.		Died.		Discbd.		Died.		Discbd.		Died.		Discbd.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE RESPIRATORY SYSTEM.																					
32. Diseases of the nose—																					
(*a*) Deflected septum	97	...	...	...	...	...	1	...	...	14	14	...	...	25	19	...	...	4	10	...	...
(*b*) Polypi	7	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...
(*c*) Hypertrophic rhinitis	5	...	...	...	...	1	...	...	...	1	2	...	...	...	...	...	...	1	...	...	...
(*d*) Various	7	...	1	...	..	...	...	...	...	...	1	...	...	3	...	...	...	...	1	...	...
33. Diseases of antrum and sinus—																					
(*a*) Ethmoiditis	34	...	...	...	...	...	...	...	...	2	7	...	...	2	9	...	...	...	4	...	...
(*b*) Frontal sinusitis	16	...	...	...	...	...	...	...	...	1	2	...	...	1	3	...	...	...	3	...	...
(*c*) Maxillary antritis	17	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	1	6	...	...
(*d*) Sinus, malignant	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*e*) Various	4	...	...	...	...	1	...	...	...	1	..	...	...	1	...	...	...	...	...	...	...
34. Diseases of the larynx—																					
(*a*) Simple tumours	2	..	...	...	...	...	...	...	...	...	..	...	..	...	...	...	...	1	...	...	...
(*b*) Malignant tumours	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35. Bronchitis	28	9	6	1	...	...	1	...	...	2	1	...	...	2	1	...	...	...	...	...	...
36. Broncho-pneumonia	52	19	7	8	2	1	2	1	...	1	2	...	...	...	1	2	...	1	1	...	...
37. Lobar pneumonia	64	4	9	...	1	6	3	...	...	10	3	...	...	3	1	1	...	5	1	...	...
38. Bronchiectasis	10	...	...	...	...	...	...	1	...	2	1	...	...	1	...	...	...	...	1	...	...
39. Pulmonary tuberculosis	74	...	...	1	1	...	...	...	...	5	3	...	...	11	14	1	1	7	8	...	...
40. Pleurisy	38	...	...	...	...	...	...	...	...	7	3	...	...	11	4	...	...	1	2	...	...
41. Empyema	21	1	...	1	...	1	1	...	...	2	...	...	1	2	1	...	...	...	3	...	...
42. Pneumothorax	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
43. Growth of lung or mediastinum	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
44. Respiratory diseases, various—																					
(*a*) Asthma	9	2	..	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...
(*b*) Fibrosis of lung	4	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Abscess of lung	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
(*d*) Foreign body in bronchus	3	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	.	...	...
(*e*) Various	7	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	1	...	...	...
DISEASES OF THE CIRCULATORY SYSTEM.																					
45. Aneurysm—																					
(*a*) Thoracic	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
(*b*) Various	3	...	..	...	..	...	...	...	...	...	1	...	.	1	...	...	...	...	...	...	..
46. Aortic disease	10	...	...	..	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	1	...
47. Arterio-sclerosis	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
4	5	...	...	...	1	...	...	...	...	...	...	47	50	...	...	71.
...	1	...	...	1	1	...	...	...	1	...	...	2	5	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	3	4	...	...	
5	3	...	...	...	1	...	...	...	1	...	...	9	25	...	...	
2	1	...	1	1	...	...	...	...	1	...	...	5	10	...	1	
2	2	...	...	...	...	...	...	...	...	...	...	5	12	...	...	
2	...	...	...	2	...	1	...	2	2	...	...	6	2	1	...	
...	...	...	...	...	...	...	...	1	...	...	...	4	...	...	...	
...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	
1	...	...	...	2	...	...	...	1	...	...	...	4	...	...	...	
1	...	...	...	...	2	...	...	...	1	...	...	1	3	...	...	
1	...	...	...	1	1	...	...	2	...	...	...	17	10	1	...	
...	1	...	...	...	1	2	...	...	...	...	...	22	15	13	2	
5	3	3	...	3	...	2	...	...	1	...	...	36	21	6	1	
1	...	1	1	1	...	...	...	...	...	...	...	5	2	2	1	
10	5	1	...	2	1	2	1	...	...	...	...	35	31	5	3	177, 42.
4	...	1	...	2	1	...	...	2	...	...	..	27	10	1	...	50.
2	3	1	...	...	1	1	...	...	...	...	...	8	9	3	1	71, 53, 75 (*c*).
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	44*a*.
...	...	...	...	...	...	3	...	2	...	...	...	2	...	4	...	
2	1	...	...	...	...	...	...	...	1	...	...	7	2	...	...	127.
1	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	36.
1	...	...	...	...	...	...	...	1	...	1	...	3	...	1	...	44 (*b*).
...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	
1	...	...	...	1	...	...	...	...	...	...	...	5	2	...	...	
5	1	...	...	4	...	1	...	...	...	1	1	10	1	2	1	46, 50.
1	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	
3	...	1	...	...	...	...	...	...	...	1	...	7	...	3	...	53, 170.
...	...	1	...	6	...	...	...	2	...	...	...	8	...	2	...	52, 58 (*c*), 133 (*b*).

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discld.		Died.		Discld.		Died.		Discld.		Died.		Discld.		Died.		Discld.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE CIRCULATORY SYSTEM—*cont.*																					
48. Endocarditis—																					
(*a*) Ulcerative	6	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	...	...
(*b*) Rheumatic	4	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...
49. Gangrene	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50. Mitral disease	43	...	...	...	1	1	3	...	...	3	6	1	...	2	4	...	1	4	5	...	1
51. Mitral and aortic disease	8	...	...	...	...	...	...	...	...	...	...	...	..	2	2	1	...	1	...	...	...
52. Myocarditis	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
53. Pericarditis	8	...	...	...	...	1	...	...	...	...	3	1	2	...	...	...	...	...	...	...	...
54. Varicocele	10	...	...	...	...	...	...	...	...	3	...	...	...	6	...	...	...	...	...	...	...
55. Varicose veins	44	...	...	...	...	...	...	...	...	5	...	...	...	5	7	...	...	6	11	...	...
56. Thrombosis	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
57. Congenital heart disease	6	1	1	1	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...
58. Various—																					
(*a*) Tachycardia	3	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
(*b*) Angina pectoris	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	6	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES.																					
59. Cysts—Skin and subcutaneous—																					
(*a*) Dermoid	6	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	...	1	...	...	...
(*b*) Sebaceous	9	...	...	...	...	...	...	...	...	...	1	...	..	1	2	...	...	...	...	...	...
60. Tumours—																					
(*a*) Carcinoma	13	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
(*b*) Sarcoma	11	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...
(*c*) Rodent ulcer	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*d*) Lipoma	26	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	...
(*e*) Fibroma	5	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	1	...	...	...
(*f*) Papilloma	10	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
(*g*) Angioma	11	3	4	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...
(*h*) Various	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
61. Ulcers—																					
(*a*) Chronic	6	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
(*b*) Varicose	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Gummatous	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*d*) Various	3	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
62. Skin and subcutaneous, various—																					
(*a*) Tuberculosis	8	...	...	...	...	...	1	...	...	3	2	...	...	...	1	...	...	...	...	...	...
(*b*) Various	14	1	...	...	...	...	...	...	...	...	1	...	...	3	2	...	...	1	1	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
. F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
		1				1							5	1			46, 50.
												3	1			50.
						1		2	1			4	1	1			174 (*b*).
3	3			1	1			1	2			15	24	1	3		18, 35, 36, 46, 53, 64 (*b*), 88, 133, 166.
	1					1						3	3	2			18, 53, 58 (*c*), 74.
	1	3		1				1				5	1	3			35, 50, 127.
										1		1	3	2	2		18, 41, 46, 50.
												10					55.
2	4			3	1							21	23				
				1	1			1		1		3	1	1			
												3	1	1	1		36.
												2	1				
				1				2				3					
	1							1				2	4				
												5	1				135 (*d*).
3	1				1							4	5				
		1		2	1	1		5	1			8	3	2			
	1		1		1			3	1			4	6		1		60 (*g*).
				2				5	4			8	4				
	8			2	6			2	2			6	20				
									1			4	1				
	1			2	1			3				7	3				
												5	6				
					1								1				
				2	1							5	1				
					2								2				
					1								1				
												2	1				
	1											3	5				
	1				1			1				8	6				

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE DIGESTIVE SYSTEM.																					
63. Mouth and pharynx—																					
(*a*) Inflammatory	22	...	...	...	...	...	...	...	...	1	2	...	...	2	2	...	...	5	5	...	...
(*b*) Simple tumours	9	...	...	...	...	...	1	...	...	1	2	...	...	...	2	...	...	...	1	...	...
(*c*) Malignant tumours—																					
(i) Mouth	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Pharynx	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*d*) Various	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
64. Tonsils and adenoids—																					
(*a*) Enlarged	468	37	19	...	1	77	64	...	...	67	123	...	...	19	35	...	...	11	11	...	...
(*b*) Tonsillitis	11	...	...	...	...	1	...	...	...	...	1	1	...	3	2	...	...	2	1	...	...
(*c*) Tumours	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
65. Tongue and lips—																					
(*a*) Carcinoma	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Simple tumours	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various (tongue)	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*d*) Carcinoma of lip	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*e*) Simple tumours of lip	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
66. Œsophagus—																					
(*a*) Carcinoma	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
(*b*) Simple stricture	5	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
67. Stomach—																					
(*a*) Ulcer	92	...	...	...	...	...	...	...	...	...	1	...	...	6	2	...	...	14	9	...	1
(*b*) Perforated ulcer	13	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
(*c*) Carcinoma	39	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...
(*d*) Pyloric obstruction	12	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
(*e*) Various	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
68. Duodenum—																					
(*a*) Ulcer	42	...	...	...	...	...	...	...	...	1	...	...	...	6	...	...	...	14	...	1	...
(*b*) Perforated ulcer	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
69. Hæmatemesis and melæna	11	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...
70. Intestinal, various—																					
(*a*) Simple	11	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
(*b*) Malignant	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
71. Appendicitis (quiescent)	146	...	...	...	...	3	2	...	...	20	18	...	...	23	35	...	...	13	9	...	...
72. Appendix abscess	24	...	...	1	...	1	1	...	...	6	2	...	...	2	2	...	1	2	...	...	...
73. Acute appendicitis	191	2	2	...	1	5	9	...	...	42	28	3	1	26	15	...	...	19	7	2	...
74. Colitis	9	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	...	...
75. Intestinal obstruction—																					
(*a*) Simple	28	...	...	1	1	...	...	1	...	2	...	...	...	2	1	1	1	1	1	1	...
(*b*) Malignant	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Intussusception	15	9	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
2	...	...	...	...	3	...	...	...	...	...	...	10	12	...	...	
...	1	...	...	...	...	...	...	1	...	...	...	2	7	...	...	
3	...	1	...	7	1	1	...	10	1	...	...	20	2	2	...	
2	1	...	...	...	...	1	1	2	1	...	...	4	2	1	1	
...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
...	4	...	...	...	...	...	...	...	...	...	...	211	256	...	1	
...	...	...	...	...	...	...	...	...	...	...	...	6	4	1	...	22.
...	1	...	...	3	...	...	...	1	...	...	...	4	1	...	...	
3	2	...	...	6	...	...	...	11	1	2	...	20	3	2	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
...	...	...	...	2	2	...	...	3	...	...	...	5	2	...	...	
...	...	...	...	3	...	...	...	4	...	...	...	7	...	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	
1	...	1	1	8	1	3	...	5	1	...	...	14	3	4	1	
1	...	...	...	...	1	...	...	...	...	...	...	3	1	...	1	
9	12	3	1	9	10	...	...	1	4	...	...	49	38	3	2	67 (*d*), 69, 89, 71.
2	...	2	...	3	1	1	...	...	...	...	...	9	1	3	...	
3	3	4	2	7	3	3	...	6	2	3	...	18	8	11	2	69, 67 (*d*).
...	2	...	...	...	2	...	...	2	...	...	...	5	5	1	1	
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	
1	...	...	...	5	1	...	...	3	...	...	...	40	1	1	...	69, 96 (*a*), 1 (*b*).
1	...	...	...	2	...	...	...	...	1	1	...	4	1	1	...	
...	...	...	...	4	...	...	...	2	...	...	...	9	2	...	...	67 (*a*), 68 (*a*).
2	1	1	...	1	1	.	1	1	...	...	...	5	2	1	3	25.
2	4	...	...	2	2	1	2	1	...	1	...	6	6	3	2	
6	7	...	...	5	4	...	...	1	...	...	...	71	75	...	...	97 (*a*), 26, 97 c (*a*), 89, 109 (*a*).
2	1	...	...	1	...	...	...	...	2	...	...	14	8	1	1	109 (*a*).
9	6	...	...	7	2	...	...	3	2	...	...	113	71	5	2	113 (*b*), 40.
2	1	...	...	1	...	...	...	...	...	...	...	6	3	...	...	
3	2	...	...	2	...	2	...	...	2	4	...	10	6	10	2	
...	...	1	1	1	1	1	1	2	...	1	...	3	1	3	2	
...	...	...	...	1	...	...	...	...	...	...	...	11	3	...	1	70 (*b*).

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*																					
76. Rectum and anus—																					
(*a*) Carcinoma	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1
(*b*) Simple stricture	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
(*c*) Prolapse	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
(*d*) Polypi	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
(*e*) Rectal hæmorrhage	5	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
(*f*) Various	5	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
77. Hæmorrhoids	102	...	...	...	...	...	...	...	...	...	...	...	...	16	5	...	...	26	10	...	...
78. Fistula and fissure *in ano*—																					
(*a*) Fissure	14	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
(*b*) Fistula	18	1	...	...	...	2	...	...	...	...	2	...	...	3	1	...	...	4	...	...	...
79. Abdominal pain	78	1	2	...	...	2	1	...	...	2	1	...	...	10	10	...	...	6	8	...	...
80. Constipation	42	2	...	...	...	...	2	...	...	3	2	...	...	3	6	...	...	...	7	...	...
81. Diarrhœa and dysentery	9	...	1	1	...	1	...	...	...	...	...	...	...	2	...	1	...	2	...	...	...
82. Dyspepsia and vomiting	48	2	2	...	...	...	2	...	...	1	...	...	...	3	4	...	...	9	2	...	...
83. Dysphagia	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
84. Enteritis	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
85. Abdominal, various—																					
(*a*) Visceroptosis	16	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	6	...	...
(*b*) Neoplasms	7	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	3	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
86. Foreign bodies in intestinal tract	14	3	...	...	...	1	1	...	...	1	...	...	...	...	3	...	...	...	1	...	...
DISEASES OF DIGESTIVE GLANDS.																					
87. Salivary glands—																					
(*a*) Parotid tumour	9	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...
(*b*) Various	10	...	...	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	...	...
88. Diseases of liver—																					
(*a*) Cirrhosis	14	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
(*b*) Various	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
89. Cholelithiasis	68	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	6	6	...	...
90. Gall-bladder, various—																					
(*a*) Cholecystitis	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...
(*b*) Carcinoma	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
91. Jaundice	9	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...
92. Carcinoma of pancreas	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
93. Intestinal parasites	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
3	...	...	...	9	...	...	1	11	7	2	...	23	10	2	2	97 A (*d*).
...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	
...	...	...	...	1	1	...	...	1	...	...	...	2	3	...	...	151.
...	1	...	...	...	...	...	...	1	...	...	...	1	2	...	...	
...	1	...	...	...	1	...	...	...	1	...	...	...	5	...	...	
...	...	...	...	2	1	...	...	...	...	...	...	3	2	...	...	
27	10	...	...	2	3	...	...	2	1	...	...	73	29	...	...	76 (*c*), 78 (*a*), 78 (*b*), 80
2	3	...	...	3	3	...	...	...	...	...	...	5	9	...	...	77, 3 (*a*).
1	...	...	...	3	...	...	...	1	...	...	...	15	3	...	...	
9	4	...	...	11	4	...	...	5	2	...	...	46	32	...	...	151, 80, 130 (*a*), 125 (*a*), 96 (*a*), 85 (*a*).
5	3	...	...	2	5	...	...	...	2	...	...	15	27	...	...	79, 85 (*a*), 81, 82, 122, 93, 44.
1	...	...	...	...	...	...	...	...	...	...	...	6	1	2	...	
12	3	...	...	3	2	1	...	1	1	...	...	31	16	1	...	173, 80, 67 (*a*).
...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	
...	4	...	...	...	1	...	...	...	2	...	...	1	15	...	...	114 (*b*).
...	...	...	...	2	2	1	...	...	1	...	...	2	3	2	...	171.
...	...	...	...	...	1	...	...	...	...	...	...	1	2	...	...	
2	...	...	...	...	1	...	...	...	...	...	1	7	6	...	1	
...	1	...	...	2	1	...	...	...	1	...	...	4	5	...	...	
1	2	...	...	...	2	...	...	1	...	...	...	4	6	...	...	
4	...	...	...	1	1	2	1	2	...	2	...	7	2	4	1	94, 36, 52.
...	...	...	...	2	3	...	...	...	...	...	...	2	3	...	...	23, 93.
7	15	...	...	5	10	...	...	2	10	...	2	21	45	...	2	5, 36, 50, 71, 90.
...	3	...	...	...	2	...	...	1	1	...	...	3	7	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	94.
1	3	1	...	...	...	...	...	1	...	...	...	4	4	1	...	
...	...	2	...	2	...	...	...	2	1	3	2	4	1	5	2	
...	...	...	...	2	...	...	...	...	...	...	...	3	1	...	...	

TABLE I—

DISEASE.	Age	0—				5—				10—				20—				30—			
	Total.	Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF PERITONEUM.																					
94. Ascites	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95. Tuberculous peritonitis	29	...	...	1	...	1	4	...	...	9	9	...	...	1	1	...	...	1	2	...	...
96. Peritonitis, various—																					
(*a*) Chronic, with adhesions	21	...	...	...	...	...	...	...	...	...	1	...	...	...	5	...	...	2	1	...	...
(*b*) Acute, of undiscovered origin	13	...	...	...	1	...	2	...	1	...	...	1	2	...	1	...	...	...	1	1	...
(*c*) Various	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
HERNIA.																					
97. A. Inguinal hernia—																					
(*a*) Reducible	343	46	5	...	...	23	5	...	...	53	14	...	...	47	18	...	...	43	13	...	...
(*b*) Irreducible	8	4	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
(*c*) Strangulated	23	4	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	3	...	...	...
(*d*) Recurrent	17	...	...	...	...	1	...	1	...	1	...	...	...	5	...	...	...	5	1	...	...
B. Femoral—																					
(*a*) Reducible	27	...	...	...	...	1	...	...	...	2	1	...	...	2	1	...	...	...	9	...	...
(*b*) Irreducible	15	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...
(*c*) Strangulated	17	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...
(*d*) Recurrent	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
C. Umbilical and ventral—																					
(*a*) Reducible and irreducible	40	2	3	...	...	...	1	...	...	...	...	...	...	2	...	...	...	1	2	...	...
(*b*) Strangulated	7	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
(*c*) Recurrent	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
D. Various—																					
(*a*) Epigastric	5	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	1	...	...	...
(*b*) Hydrocele of hernial sac	7	2	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...
DISEASES OF LYMPHATIC SYSTEM.																					
98. Adenitis—																					
(*a*) Simple	16	2	1	...	...	1	1	...	...	1	...	...	...	1	1	...	...	1	3	...	...
(*b*) Tuberculous	78	5	3	...	...	5	5	...	...	6	19	...	...	5	16	...	...	5	5	...	...
99. Glands, malignant	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
100. Lymphatics, various	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
DISEASES OF DUCTLESS GLANDS.																					
101. Diseases of suprarenal glands	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
102. Graves's disease	56	...	...	...	...	...	...	...	...	...	5	...	...	3	14	...	...	...	13	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
												12	16	1		39.
2	5			1				2	2			7	14			69, 67 (*d*), 71, 67 (*a*), 79.
	1	1								1			5	4	4	22, 72.
													1			
0	7	1		19				8		1		279	62	2		50, 54, 55, 97 (*a*), 97 (*d*), 77, 100, 108 (*a*), 131, 132, 18, 64 (*b*).
				2								7	1			97 (*a*), 108 (*a*).
1	1			3	1			5	1	1		19	3	1		130 (*b*), 97 A (*a*), 106.
2				1								15	1	1		
3	4			2	1				1			10	17			
3	4				2			1	1			4	11			108 (*a*).
1	2			1	2				4		3	3	11		3	97 A (*a*).
	1											1	1			
2	11			3	10			2	1			12	28			
	1				2				1	1	1	1	4	1	1	
					3							1	3			
				1								4	1			77.
					2							2	4	1		
	2							1	1			7	9			
2	2											28	50			64 (*a*), 27, 50.
	2			6		1		4	1			10	4	2		
					1							1	1			
												1	1			
2	12	1	3	1	2							6	46	1	3	

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF DUCTLESS GLANDS—*continued.*																					
103. Thyroid, various—																					
(*a*) Adenoma	46	...	...	...	...	...	...	...	...	...	1	...	...	...	8	...	...	...	18	...	...
(*b*) Parenchymatous goitre	11	...	...	...	...	...	...	...	...	3	...	...	...	...	2	...	...	...	3	...	...
(*c*) Malignant	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*d*) Various	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...
104. Ductless glands, various	6	...	1	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...
DISEASES OF GENERATIVE SYSTEM.																					
105. Diseases of the breast—																					
(*a*) Inflammatory	42	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	12	...	...
(*b*) Simple tumours	22	...	...	...	...	...	...	...	...	...	1	...	...	...	6	...	...	...	7	...	...
(*c*) Malignant	84	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	7	...	...
106. Testicle, undescended	17	1	...	...	...	7	...	...	...	7	...	...	...	1	...	...	...	...	...	...	...
107. Testicle and epididymis—																					
(*a*) Simple inflammatory	7	...	...	...	...	...	...	...	...	2	...	...	...	4	...	...	...	1	...	...	...
(*b*) Tuberculous	12	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	4	...	...	...
(*c*) New growths	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
(*d*) Cysts of epididymis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108. Processus and tunica vaginalis—																					
(*a*) Hydrocele of tunica vaginalis	19	1	...	...	...	...	...	...	...	4	...	...	...	2	...	...	...	4	...	...	...
(*b*) Hydrocele of cord	5	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
109. Diseases of the ovary—																					
(*a*) Cysts, simple and multiple	28	...	...	...	...	...	...	...	...	...	4	...	...	...	9	...	...	...	6	...	...
(*b*) Other diseases	14	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
110. Fallopian tubes—																					
Salpingitis	16	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	10	...	...
111. Ectopic gestation	12	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	8	...	1
112. Menstrual disorders—																					
(*a*) Menorrhagia and metrorrhagia	48	...	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...	...	16	...	...
(*b*) Dysmenorrhœa	20	...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	6	...	...
(*c*) Various	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
113. Pregnancy and its disorders—																					
(*a*) Abortion	26	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	9	...	...
(*b*) Normal, L.O.A.	262	...	...	...	...	...	...	...	...	...	11	...	...	...	173	...	...	...	66	...	...
(*c*) Normal, R.O.A.	155	...	...	...	...	...	...	...	...	...	3	...	...	...	103	...	...	...	42	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
2	10	...	...	1	5	...	...	1	...	...	...	4	42	...	...	
.	3	...	...	...	...	...	...	...	...	...	...	3	8	...	...	
1	...	...	...	...	...	1	...	...	2	...	...	1	2	1	...	
.	3	...	...	...	...	..	...	...	...	...	...	2	4	...	...	127.
.	1	...	...	1	...	...	...	...	...	...	...	2	4	...	...	
.	20	...	...	...	3	...	...	1	...	...	...	1	41	...	...	
.	5	...	...	...	2	...	...	...	1	...	...	...	22	...	...	
.	24	...	...	...	28	...	...	...	23	...	1	...	83	...	1	3 (*a*).
1	...	...	...	...	...	...	...	...	...	...	...	17	...	...	...	55, 97 (*a*).
.	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	
3	...	...	...	...	...	...	...	2	...	...	...	12	...	...	...	
.	...	...	...	1	...	...	...	...	...	...	...	2	...	1	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
4	...	...	...	4	...	...	...	...	...	...	...	19	...	...	...	54.
1	...	...	...	1	...	...	...	1	...	...	...	5	...	...	...	
.	4	...	...	...	4	...	...	...	1	...	...	...	28	...	...	
.	1	...	1	...	7	...	...	...	3	...	...	...	13	...	1	
	1	...	...	...	...	...	...	...	...	...	...	...	16	...	...	
	...	...	1	...	...	...	...	...	...	...	...	...	10	...	2	
	13	...	...	...	7	...	...	...	2	...	...	...	48	...	...	
	1	...	...	...	...	...	...	...	...	...	...	...	20	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
	4	...	...	...	1	...	...	...	...	...	...	...	26	...	...	
	12	...	...	...	...	...	...	...	...	...	...	...	262	...	...	
	7	...	...	...	...	...	...	...	...	...	...	...	155	...	...	

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discld.		Died.		Discld.		Died.		Discld.		Died.		Discld.		Died.		Discld.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF GENERATIVE SYSTEM—*continued.*																					
113. Pregnancy and its disorders—*continued.*																					
(*d*) R.O.P. and L.O.P.	33	...	...	...	...	...	...	...	...	...	...	...	...	...	27	...	...	...	6	...	...
(*e*) Other presentations, including twins	28	...	...	...	...	...	...	...	...	...	1	...	...	...	16	...	...	...	7	...	...
(*f*) Toxæmias of pregnancy	18	...	...	...	...	...	...	...	...	...	1	...	...	...	8	...	...	...	7	...	1
(*g*) Ante- and post-partum hæmorrhage	20	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	11	...	2
(*h*) Contracted pelvis	11	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	5	...	...
(*i*) Obstructed labour	23	...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	6	...	1
(*j*) Pregnancy, various	30	...	...	...	...	...	...	...	...	...	...	...	...	...	17	...	...	...	11	...	...
(*k*) Sequelæ of pregnancy	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...
114. Uterus, body—																					
(*a*) Endometritis	6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
(*b*) Fibromyomata	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...
(*c*) Polypi, fibroid and mucous	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
(*d*) Malignant disease	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*e*) Various	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
115. Cervix—																					
(*a*) Carcinoma	45	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	8	...	...
(*b*) Various	16	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	7	...	...
116. Pelvic inflammation	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
117. Vagina and vulva	28	...	...	...	...	...	...	...	...	...	3	...	...	...	6	...	...	...	5	...	...
118. Ruptured perinæum	9	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...
119. Prolapse and displacements	63	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	22	...	...
120. Genital, various	35	...	...	...	...	...	...	...	...	...	1	...	...	...	10	...	...	...	13	...	...
DISEASES OF URINARY SYSTEM.																					
121. Mobile kidney	8	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
122. Renal calculus and colic—																					
(*a*) Calculus	26	...	...	...	...	...	...	...	...	2	...	...	...	3	3	...	...	6	4	...	...
(*b*) Colic	13	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	1	...	...	...
123. Hydronephrosis	4	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...
124. Pyonephrosis	7	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discld.		Died.		Discld.		Died.		Discld.		Died.		Discld.		Died.		
M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	...	...	...	...	...	...	...	...	...	33	...	...	
...	4	...	...	...	...	...	...	...	...	...	...	...	28	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	...	17	...	1	
...	3	...	...	...	...	...	...	...	...	...	...	...	18	...	2	
...	...	...	...	...	...	...	...	...	...	...	...	...	11	...	...	
...	2	...	...	...	..	...	...	...	...	...	...	...	22	...	1	
...	2	...	...	...	...	...	...	...	...	...	...	...	30	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	
...	2	...	...		2	...	...	...	1	...	...	...	6	...	...	
...	32	...	...	...	8	...	...	...	...	...	...	...	53	...	...	
...	4	...	...	...	...	...	...	...	...	...	...	...	7	...	..	
...	2	...	...	...	4	...	...	...	3	...	...	...	9	...	...	
...	1	...	...	...	..	...	...	...	...	...	...	...	3	...	...	
...	17	...	1	...	13	...	...	...	5	...	...	...	44	...	1	
...	2	...	...	...	4	...	...	...	1	...	...	...	16	...	...	
...	..	...	...	...	1	...	...	...	...	...	...	...	4	...	...	
...	4	...	...	...	5	...	...	...	5	...	...	...	28	...	...	
...	2	...	...	...	1	...	...	...	...	...	...	...	9	...	...	
...	20	...	...	...	14	...	...	...	1	...	...	...	63	...	...	
...	4	...	...	...	6	...	...	...	1	...	...	...	35	...	...	
1	3	...	...	...	2	...	...	...	...	...	...	1	7	...	...	2.
1	3	...	...	1	1	...	1	1	...	...	...	14	11	...	1	97 B (*a*).
...	3	...	...	1	3	...	...	1	...	...	...	4	9	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	
1	1	...	...	...	3	...	...	...	...	...	...	1	6	...	...	129 (*c*).

TABLE I—

DISEASE.	Age. Total.	0— Discha. M.	0— Discha. F.	0— Died. M.	0— Died. F.	5— Discha. M.	5— Discha. F.	5— Died. M.	5— Died. F.	10— Discha. M.	10— Discha. F.	10— Died. M.	10— Died. F.	20— Discha. M.	20— Discha. F.	20— Died. M.	20— Died. F.	30— Discha. M.	30— Discha. F.	30— Died. M.	30— Died. F.
DISEASES OF URINARY SYSTEM—*continued.*																					
125. Kidney and ureter, various—																					
(*a*) Pyelitis	12	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	1	5	...	...
(*b*) Tumour of kidney	8	...	...	..	1	...	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...
(*c*) Tubercular kidney	6	...	...	...	...	...	...	...	..	1	...	...	...	1	...	...	...	1	2	...	...
(*d*) Various	5	...	...	...	...	...	...	...	..	...	.	...	...	1	..	..	...	...	1	...	...
126. Acute nephritis	27	2	...	...	..	4	4	1	...	7	2	...	...	1	1	...	...	4	...	...	...
127. Chronic nephritis	33	...	...	1	...	.	2	...	1	1	3	...	2	1	1	1	...	...	2	1	1
128. Vesical calculus	5	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
129. Vesical, various—																					
(*a*) Carcinoma	3	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Papilloma	14	...	...	...	...	..	...	...	.	..	1	..	...	...	...	...	...	1	1	...	...
(*c*) Cystitis	17	...	...	...	...	...	1	...	..	1	1	1	...	2	1	...	...	1	1	...	...
(*d*) Various	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
130. Prostate—																					
(*a*) Simple enlargement	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
(*b*) Carcinoma	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
131. Urethra and external genitalia—																					
(*a*) Phimosis	18	1	...	...	...	4	...	...	...	5	...	..	...	3	...	...	...	4	...	...	..
(*b*) Carcinoma of penis	2	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
132. Urethral stricture	50	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	5	...	...	...
133. Urinary, various—																					
(*a*) Hæmaturia	10	...	...	...	...	...	1	...	...	2	...	...	...	1	...	...	...	3	...	...	...
(*b*) Albuminuria	4	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...
(*c*) Various	7	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	1	...	...
DISEASES OF MUSCULAR SYSTEM.																					
134. Muscles	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
DISEASES OF BURSÆ AND TENDONS.																					
135. (*a*) Chronic inflammation	16	...	...	...	...	1	...	...	...	2	3	...	...	...	...	...	...	1	2	...	...
(*b*) Acute inflammation	6	...	...	...	.	...	...	...	...	1	3	...	...	1	...	...	...	...	...	...	...
(*c*) Tuberculous	2	...	.	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
(*d*) Ganglion	5	...	...	...	...	...	...	...	...	...	3	...	...	..	1	...	...	...	...	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
...	2	...	...	1	...	...	...	...	...	...	...	4	8	...	...	
...	1	2	...	2	...	1	...	...	...	...	...	3	1	3	1	
...	...	...	...	...	1	...	...	..	...	...	...	3	3	...	...	
1	...	...	...	1	...	...	...	1	...	..	...	4	1	...	...	125 (*a*).
1	...	...	...	...	...	...	...	..	..	...	...	19	7	1	...	35, 14, 91, 96 (*c*).
3	2	2	...	4	1	1	...	1	1	1	...	10	12	7	4	44 (*a*), 125 (*a*), 14, 36, 52.
...	...	...	...	2	...	...	...	1	...	...	...	5	...	...	...	129 (*c*).
...	...	...	...	1	1	...	...	...	1	...	...	1	2	...	...	
2	...	...	...	3	1	...	...	5	...	...	...	11	3	...	...	
2	...	...	...	1	3	...	...	1	1	...	..	8	8	1	...	151.
1	...	...	...	...	...	...	...	...	...	...	..	1	...	...	...	
...	...	...	...	6	...	...	...	25	...	8	...	31	...	8	...	
...	...	1	...	1	...	...	...	8	...	1	...	9	...	2	...	
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	16.
1	...	...	...	...	...	...	...	...	...	...	...	18	...	...	...	106, 132.
1	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	
...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	
9	1	1	...	12	...	1	...	15	...	2	...	45	1	4	...	65 (*d*), 129 (*c*).
1	...	...	...	2	...	...	...	...	...	...	...	9	1	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	
1	...	...	...	1	1	...	...	...	...	...	...	4	3	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	
2	...	...	...	...	1	...	...	1	3	...	...	7	9	...	...	
...	...	...	...	1	...	...	...	...	...	...	...	3	3	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	

TABLE I—

DISEASE.	Total.	Age. 0— Dischd. M.	0— Dischd. F.	0— Died. M.	0— Died. F.	5— Dischd. M.	5— Dischd. F.	5— Died. M.	5— Died. F.	10— Dischd. M.	10— Dischd. F.	10— Died. M.	10— Died. F.	20— Dischd. M.	20— Dischd. F.	20— Died. M.	20— Died. F.	30— Dischd. M.	30— Dischd. F.	30— Died. M.	30— Died. F.
DISEASES OF OSSEOUS SYSTEM.																					
136. Periostitis	8									2	2							3			
137. Osteomyelitis	34	2				4		1		9	6	1		5	1			1	1		
138. Osteitis																					
139. Caries—																					
(*a*) Spinal	14						1			4	3	1			3						
(*b*) Various	8						1				2				3						
140. Necrosis	19	1				1				3				4	1			1	1		
141. Tumours of bone—																					
(*a*) Simple	12		1			1				1	3			1	2						
(*b*) Sarcoma	5									1			1					1			
(*c*) Myeloid sarcoma	3									1									1		
(*d*) Carcinoma	1																				
142. Bone, various	5						1									1		1			
143. Amputation stumps	2													1							
DISEASES OF THE ARTICULATORY SYSTEM.																					
144. Shoulder—																					
(*a*) Tuberculous	4									1								2			
(*b*) Ankylosis	1													1							
145. Elbow—																					
(*a*) Tuberculous	5									2	2				1						
(*b*) Ankylosis	1										1										
(*c*) Arthritis, various	2														1			1			
146. Wrist—																					
(*a*) Tuberculous	1																		1		
(*b*) Arthritis, various	2										1										
147. Sacro-iliac	2										1								1		
148. Hip—																					
(*a*) Tuberculous	13		2			1				3	4			1	1						
(*b*) Osteo-arthritis	14																	1	1		
(*c*) Ankylosis	4									2	2										
(*d*) Various	6	1	1				1			2					1						
149. Knee—																					
(*a*) Tuberculous	12						1			1	6			1	1						
(*b*) Synovitis	4										2			1				1			
(*c*) Arthritis, various	10					1													1		
(*d*) Ankylosis	1																				
(*e*) Charcot	1																				
(*f*) Loose bodies	4																				
(*g*) Internal derangement	24									2	1			10	4			5			

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
									1			5	3			155.
1	1	1										22	9	3		
1	1											5	8	1		27.
	2												8			41.
4	1			2								16	3			
1	1			1								5	7			135 (*d*).
						1		1				3		1	1	
								1				2	1			
									1				1			
				1	1							2	2	1		
								1				2				
1												4				
												1				
												2	3			
													1			
												1	1			
													1			
								1				1	1			
													2			
				1								6	7			
1	1			4	4			2				8	6			
												2	2			
												3	3			
	1									1		2	9	1		
												2	2			
	4				1				3			1	9			
	1												1			
1												1				
1	1				1				1			1	3			
2												19	5			

TABLE I—

DISEASE.	Total.	Age 0— Discld. M.	Discld. F.	Died. M.	Died. F.	5— Discld. M.	Discld. F.	Died. M.	Died. F.	10— Discld. M.	Discld. F.	Died. M.	Died. F.	20— Discld. M.	Discld. F.	Died. M.	Died. F.	30— Discld. M.	Discld. F.	Died. M.	Died. F.
DISEASES OF THE ARTICULATORY SYSTEM—*cont.*																					
150. Ankle and tarsus—																					
(*a*) Tuberculous ankle	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
(*b*) Tuberculous tarsus	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Various	4	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
151. Joints, various—																					
(*a*) Osteo-arthritis of spine	7	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
(*b*) Various	8	...	...	...	...	1	...	...	...	1	...	...	...	2	1	...	...	1	...	...	...
DEFORMITIES.																					
152. Talipes—																					
(*a*) Congenital	20	11	3	...	...	4	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
(*b*) Paralytic	43	4	8	...	...	10	4	...	...	2	11	...	...	...	2	...	...	...	2	...	...
153. Torticollis—																					
(*a*) Congenital	7	...	...	...	...	2	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...
(*b*) Various	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
154. Genu valgum et varum	12	2	...	...	...	1	2	...	...	2	2	...	...	...	1	...	...	...	2	...	...
155. Cicatricial contractures	17	...	...	...	...	...	2	...	...	2	3	...	...	2	...	...	...	...	2	...	...
156. Hammer-toes	7	...	...	...	...	...	...	...	...	2	3	...	...	1	...	...	...	1	...	...	...
157. (*a*) Pes planus	11	...	...	...	...	...	...	...	...	1	5	...	...	...	1	...	...	...	2	...	...
(*b*) Hallux valgus	24	...	...	...	...	...	...	...	...	...	2	...	...	...	6	...	...	1	4	...	...
(*c*) Hallux rigidus	6	...	...	...	...	...	...	...	...	1	2	...	...	...	1	...	...	...	...	...	...
158. Deformities, various—																					
(*a*) Secondary to paralysis	14	2	1	...	...	2	2	...	...	3	1	...	...	...	...	...	...	...	2	...	...
(*b*) Coxa vara	4	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...
(*c*) Fingers and toes	8	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...	1	1	...	...
(*d*) Various	4	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
MALFORMATIONS.																					
159. Hare lip and cleft palate	21	10	3	...	1	3	3	...	...	1	...	...	...	...	...	...	...	...	...	...	...
160. Head and neck—																					
(*a*) Branchial fistula	3	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
(*b*) Cervical rib	6	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...
(*c*) Various	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
161. Trunk—																					
(*a*) Spina bifida	5	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Hypospadias	3	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
162. Limbs—																					
(*a*) Congenital dislocation of hip	6	...	5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Various	5	2	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		
M.	F.	M.	F.	M.	F	M	F.	M.	F.	M.	F.	M.	F	M.	F.	
												1	1			
					1							2	1			
	1			1								2	2			
2				2					1			6	1			
								1	1			6	2			
												15	5			60 (*g*).
												16	27			
												4	3			
													1			
												5	7			
	2			3	1							7	10			
												4	3			131 (*a*).
	2											1	10			
	6				5							1	23			
	1							1				2	4			
								1				8	6			
												2	2			
												1	7			
					1							1	3			64 (*a*).
												14	6		1	
												1	2			
2												6				
												1				
												2	3			
												3				
												1	5			
												3	2			

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF AUDITORY SYSTEM.																					
163. Chronic otitis media and mastoiditis	52	...	...	...	...	3	6	...	...	10	7	1	...	4	10	...	...	4	4	...	...
164. Acute mastoiditis	52	4	2	...	...	7	2	1	...	10	10	2	2	1	8	...	...	...	3	...	...
165. Auditory, various—																					
(*a*) Acute otitis media	10	1	...	...	...	3	...	1	...	2	2	...	...	...	...	...	...	...	1	...	...
(*b*) Various	4	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...
DISEASES OF THE NERVOUS SYSTEM.																					
166. (*a*) Cerebral hæmorrhage	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Cerebral thrombosis	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
167. Encephalitis lethargica	24	2	1	1	...	1	1	...	...	2	4	...	...	3	...	...	...	2	...	...	...
168. Cerebral and spinal syphilis	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
169. Cerebral, various—																					
(*a*) Headache and migraine	10	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	.	1	3	...	...
(*b*) Cerebral abscess	2	...	...	...	...	...	...	...	...	1	...	...	...	..	1	...	...	...	...	...	...
(*c*) Insanity	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
(*d*) Various	9	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	..	3	1	...	...
170. Chorea	15	...	...	...	...	2	1	...	...	3	8	...	...	...	1	...	...	...	...	...	...
171. Disseminated sclerosis	15	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	4	...	...	...
172. Epilepsy and convulsions	17	2	2	...	...	2	2	...	...	4	2	...	...	2	...	...	...	...	...	...	...
173. Neurasthenia and hysteria	29	...	...	...	...	...	1	...	...	...	2	...	...	2	6	...	...	3	7	...	...
174. General paralysis of the insane and tabes—																					
(*a*) G.P.I.	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...
(*b*) Tabes	9	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
175. Hemiplegia and monoplegia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
176. Acute anterior poliomyelitis	9	3	3	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
177. Intra-cranial tumour	15	...	1	1	...	1	...	...	1	1	...	1	...	1	2	...	...	1	2	2	...
178. Tuberculous meningitis	13	...	...	4	1	...	...	2	...	...	...	...	2	...	...	1	...	...	...	1	1
179. Meningitis, non-tubercular	8	...	...	1	3	...	...	.	1	...	...	1	...	1	...	...	1	...	...	...	...
180. Paraplegia	4	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
181. Neuralgia and sciatica—																					
(*a*) Sciatica	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...
(*b*) Trigeminal neuralgia	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
(*c*) Various	7	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	1	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
...	2	...	...	1	...	...	...	...	...	...	...	22	29	1	...	
...	...	...	...	...	...	...	...	...	...	...	...	22	25	3	2	
...	...	...	...	...	...	...	...	...	...	...	...	6	3	1	...	179.
...	1	...	...	...	...	...	...	...	...	...	...	2	2	...	...	
...	...	1	...	1	1	2	1	...	...	...	...	1	1	3	1	47, 127.
1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	
2	1	...	1	...	1	1	1	...	...	...	...	12	8	2	2	6, 39, 169.
2	...	...	...	1	...	...	...	1	...	...	...	6	...	...	...	91, 47, 166 (*b*).
2	1	...	...	...	...	...	...	...	...	...	...	5	5	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	
1	1	...	...	...	...	...	...	...	...	...	...	1	3	...	...	
2	2	...	...	...	...	...	...	...	...	...	...	5	4	...	...	4, 168, 169 (*a*).
...	...	...	...	...	...	...	...	...	...	...	...	5	10	...	...	173.
1	3	...	...	1	1	...	...	...	...	...	...	9	6	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	10	7	...	...	169 (*a*) and (*c*), 179.
3	3	...	...	1	1	...	...	...	...	...	...	9	20	...	...	79, 166, 180, 172.
2	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	
1	2	...	...	5	...	...	...	...	...	...	...	7	2	...	...	
...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	169 (*c*), 15.
...	...	...	...	...	...	...	...	...	...	...	...	5	3	...	1	
...	...	...	...	...	...	1	...	...	...	...	...	4	5	5	1	
...	...	1	...	...	...	...	...	...	...	...	...	...	...	9	4	36, 25, 81, 109.
...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	5	
1	...	...	...	...	1	...	...	...	...	...	...	2	2	...	...	
...	1	...	...	...	...	...	...	...	2	...	...	1	5	...	...	171, 148 (*b*), 175.
1	...	...	...	3	3	...	...	1	5	...	...	5	11	...	...	
...	...	...	...	1	1	...	...	...	...	...	...	2	5	...	...	

TABLE I—

DISEASE.	Age.	0—				5—				10—				20—				30—			
	Total.	Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.		Discha.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE NERVOUS SYSTEM—*continued.*																					
182. Nerves, various	3	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...
183. Peripheral neuritis	5	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...
184. Progressive muscular atrophy and lateral sclerosis	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
185. Various system lesions of the cord	12	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	2	...
INJURIES, POISONS AND UNCLASSIFIED.																					
186. Injuries of the head—																					
(*a*) Fractured vault of skull	12	1	2	1	...	3	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...
(*b*) Fractured base of skull	7	...	...	...	...	...	...	1	...	...	...	1	...	2	...	...	...	...	...	1	...
(*c*) Fractured jaw	5	...	...	...	...	1	...	...	...	...	...	...	...	1	...	..	...	1	...	...	...
(*d*) Concussion	27	4	3	...	...	3	3	...	...	3	4	...	...	2	1	...	...	2	...	...	...
(*e*) Wounds of scalp and face	11	1	...	...	..	3	...	..	...	1	1	...	...	1	...	1	...	...	...	...	...
(*f*) Various	2	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
187. Injuries of the neck	4	...	...	..	...	...	..	...	...	...	..	...	...	1	...	...	...	...	...	...	...
188. Injuries of the upper extremities—																					
(*a*) Humerus	5	...	...	...	...	3	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
(*b*) Radius and ulna	22	...	1	...	...	...	2	...	...	9	...	...	...	2	1	...	...	1	...	...	...
(*c*) Carpals, metacarpals and phalanges	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...
(*d*) Soft parts	29	1	1	...	...	1	...	...	...	7	4	...	...	3	...	...	...	5	2	...	...
189. Injuries of thorax	7	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...
190. Injuries of the abdomen	8	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...
191. Injuries of the genito-urinary system	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
192. Fractures of the pelvis	5	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
193. Injuries of the lower extremities—																					
(*a*) Fractured femur	16	2	1	...	...	2	...	...	...	3	...	...	...	...	...	...	...	3	...	2	...
(*b*) Patella	9	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...
(*c*) Tibia and fibula—																					
(i) Simple	20	...	...	...	...	1	1	...	...	3	...	...	...	1	...	...	...	3	1	...	...
(ii) Compound	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
(*d*) Pott's fracture	23	...	...	...	...	...	...	...	...	1	...	...	...	4	2	...	...	2	2	...	...
(*e*) Fractured tibia	16	...	2	...	...	2	...	...	...	3	1	...	...	...	...	...	...	1	...	...	...
(*f*) Fractured fibula	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
...	...	...	...	...	...	...	...	...	...	...	...	3	...	.	.	
...	1	...	...	...	1	...	...	...	...	...	...	1	4	...	...	5.
1	...	...	...	1	...	...	...	...	.	...	...	3	...	...	...	
2	1	...	...	1	2	...	...	1	...	...	...	6	4	2	...	22, 180.
1	...	...	1	...	...	...	...	...	...	...	...	8	2	1	1	
...	...	...	...	1	1	...	...	...	...	...	...	3	1	3	...	
1	...	...	...	1	...	...	...	...	...	...	...	5	...	.	...	
1	...	...	...	.	...	...	...	...	...	1	...	15	11	1	...	
2	1	...	...	...	...	...	...	...		...	...	8	2	1	...	
...	...	...	...	...	...	...	...	...	...	...	...	**2**	...	...	...	
...	...	1	...	1	1	...	...	...	...	...	...	2	1	1	...	
...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	
1	...	...	...	...	2	...	...	1	1	...	1	14	7	...	1	186 (*e*).
...	...	...	...	2	...	...	...	...	...	...	...	4	1	...	...	
3	...	...	...	...	...	...	...	1	1	...	...	21	8	...	...	
4	...	...	...	...	...	...	...	...	...	...	...	6	...	...	1	
...	...	...	...	1	...	...	...	1	1	2	...	2	2	4	...	
1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	
...	1	...	...	1	...	...	...	...	...	...	...	2	2	...	1	
...	...	...	...	1	1	1	...	...	...	...	...	11	2	3	...	189, 193 (*d*).
3	...	...	...	...	2	...	...	...	...	...	...	6	3	...	...	
...	1	...	...	3	4	...	...	1	1	...	...	12	8	...	...	188 (*a*).
1	...	1	...	...	...	...	...	...	...	...	..	3	...	1	...	
2	3	...	...	...	4	...	...	2	...	...	1	11	11	..	1	
1	1	...	...	4	1	...	...	...	...	...	...	11	5	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	

TABLE I—

DISEASE.	Total.	Ages. 0— Dischd. M.	0— Dischd. F.	0— Died. M.	0— Died. F.	5— Dischd. M.	5— Dischd. F.	5— Died. M.	5— Died. F.	10— Dischd. M.	10— Dischd. F.	10— Died. M.	10— Died. F.	20— Dischd. M.	20— Dischd. F.	20— Died. M.	20— Died. F.	30— Dischd. M.	30— Dischd. F.	30— Died. M.	30— Died. F.
INJURIES, POISONS AND UNCLASSIFIED—*cont.*																					
193. Injuries of the lower extremities—*cont.*																					
(*g*) Tarsals, metatarsals and phalanges	8	...	1	..	..	...	.	...	...	2	1	...	..	...	...	...	...	...	...	...	...
(*h*) Soft parts . .	20	4	...	...	...	1	...	1	...	5	1	...	...	3	...	...	...	2	...	...	...
194. Injuries of back—																					
(*a*) Fractures of spine .	1	...	...	..	...	..	...	..	...	..	...	...	...	...	...	...	...	...	..	...	..
(*b*) Contusions . .	6	.	..	...	...	...	..	..	...	2	...	...	...	2	...	...	...	2	...	...	...
195. Injuries of the joints—																					
(*a*) Shoulder . . .	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Elbow . . .	2	..	..	...	...	...	...	..	...	1	1	...	...	...	...	...	...	...	...	...	.
(*c*) Carpus and metacarpus	4	...	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	2	...	...	...
(*d*) Hip	2	...	...	..	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...
(*e*) Knee . . .	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	2	...	...	...
(*f*) Ankle . . .	4	..	...	...	...	...	...	...	...	...	1	...	...	2	..	...	...	...	..	...	...
196. Injuries of the nerves .	10	..	...	...	...	...	...	...	...	2	1	...	...	2	2	...	...	1	...	...	...
197. Mal-united and ununited fractures	23	..	..	...	...	4	1	..	...	4	1	...	...	4	...	1	...	2	1	...	...
198. Burns and scalds . .	46	12	9	2	2	2	5	...	...	2	1	...	1	1	4	...	...	1	...	...	...
199. Poisons—																					
(*a*) Ptomaine . .	6	...	...	...	...	1	...	...	...	1	2	...	...	...	...	...	...	1	1	...	..
(*b*) Various . . .	28	5	3	..	..	...	1	...	...	...	1	...	...	3	4	...	...	3	2	1	...
200. Unclassified . .	16	...	...	...	...	...	1	...	...	...	1	...	...	1	5	...	...	1	2	...	...

continued.

40—				50—				60—				Result.				CONCURRENT DISEASES.
Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
3	...	...	...	1	...	...	...	...	...	...	...	6	2	...	...	
...	...	...	...	2	1	...	...	...	...	...	...	17	2	1	...	
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	
...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	
1	...	...	...	1	...	...	...	2	2	...	...	4	2	...	..	
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	
...	...	...	...	...	...	...	...	...	1	...	...	3	1	...	...	
...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	
...	1	...	...	...	...	...	...	...	...	...	...	2	2	...	...	
...	1	..	...	...	1	...	...	...	...	..	...	5	5	...	...	
3	1	...	...	...	1	...	...	...	...	...	...	17	5	1	...	
2	...	...	...	1	...	...	...	1	...	...	...	22	19	2	3	97 A (*a*).
...	...	...	...	...	.	...	..	...	...	...	...	3	3	...	..	39, 79, 88.
1	...	...	...	3	...	...	...	1	...	...	.	16	11	1	...	
1	3	...	...	...	...	...	...	...	1	...	...	3	13	...	...	

ABSTRACTS AND REMARKS.

[*The numbers at the commencement of each paragraph correspond with those in Table I.*]

GENERAL DISEASES.

1. (*a*) Pernicious Anæmia.

7 cases : 5 male, 2 female ; 2 fatal : 1 male readmission.

All cases treated with arsenic by mouth. Every case (with two exceptions) showed a definite date of onset in the latter half of 1920. One case, a male, gave a history of at least 5 years ; he showed the ordinary signs and symptoms and a typical blood picture. His previous history showed a very gradual onset of symptoms and no sudden relapses. He reacted normally to treatment. The 2 fatal cases both had a 3 years' history and were in their 3rd relapse. There were no signs of spinal cord involvement in any of the cases. Wassermann reaction done in 4 cases ; all negative.

Cases of interest.

(1) ? Von Jaksch's anæmia ; *female, æt.* 4 *months.* Pale from birth. Admitted with a 14 days' history of vomiting. "Waxy" appearance ; splenic edge extended down to umbilicus and liver edge was 1 in. below costal margin. There were no hæmorrhages present. Wassermann reaction negative.

Blood counts.

Date.	Erythrocytes.	Colour index.	Leucocytes.	Megaloblasts.	Normoblasts.
24.11.21	912,000	?	7,000	40	124
20.12.21	1,500,000	0·6	53,000	16	31
5. 1.22	1,600,000	0·7	12,160	0	12

The differential white counts were normal. The child improved with treatment (arsenic).

(*b*) Secondary Anæmia.

8 cases : 4 males, 4 females. No fatal cases or readmissions.

Two cases followed a severe hæmatemesis some months previously ; one was probably pelvic in origin, the periods being very excessive ; one was in an old malarial subject ; in another case, the only abnormal symptom discovered, beside the anæmia, was latent hypermetropia. No other abnormal signs or symptoms were discovered in the 3 other cases. All reacted well to treatment.

(*c*) Splenic Anæmia.

2 males ; 1 readmission.

(1) *Male, æt.* 35, gave a history of having had an attack of abdominal pain accompanied by jaundice 6 months previously ; he had also complained of general malaise and fever for 3 weeks before admission. On examination

the spleen was found to extend half-way down to the umbilicus, and the liver was palpable 2 fingers' breadths below the costal margin. The blood-count showed a secondary anæmia. The Wassermann and Sachs-Georgi reactions were negative. Splenectomy was performed; patient made a good recovery and had no symptoms on discharge. The blood-count was then normal, and a section of the spleen showed it to be a case of Gaucher's type of splenic anæmia.

(2) *Male, æt.* 65, with a 20 months' history of enlargement of the liver and spleen and a 1 month's history of dyspnœa. The spleen reached to the umbilicus and the liver was a hand's breadth below the costal margin. There was no ascites and no fever. The blood-count showed the number of red cells to be under 4,000,000, and there was a slight leucopænia. Wassermann reaction was negative. He was treated with arsenic by mouth and application of radium over the spleen, and was readmitted later in the year for further treatment. General condition remained satisfactory and he appeared to benefit by the treatment.

(*d*) Chlorosis.

1 *female* case, *æt.* 23. She reacted quickly to the administration of iron by mouth.

2. Debility.

8 male, 4 female cases. Most of these were admitted for observation, no abnormal signs being discovered while in hospital. All cases improved with rest and tonics.

3. (*a*) Diabetes.

41 cases, 23 male and 18 female; 3 readmissions; 1 male and 2 female fatal cases. The treatment consisted of starvation and diet. Of the 3 fatal cases, 2 were admitted comatose and died without regaining consciousness. The third had gangrene of the feet; post-mortem, an advanced degree of chronic intestinal nephritis was found. One case was treated with intravenous injections of novarsenobillon, but did not improve until put on the routine treatment. The Wassermann reaction was negative. Starvation was continued for over 10 days in several cases. The blood-sugar was estimated in the majority of cases, and varied between 0·15 and 0·65 per cent.

Non-fatal cases. 2 cases had peripheral neuritis and one cataract.

Cases of interest.

A *girl, æt.* 17. Very under-developed for her age. She gave a history of 2 years' thirst and polyuria, which had become more severe during the last month; she had never had a period. Urine contained much sugar. The eyes showed considerable optic atrophy, but there were no other central nervous changes. Wassermann reaction was negative and the basal metabolism was 10 per cent. Blood-sugar = 0·24 per cent. Did not react well to treatment. Diagnosis, (?) pituitary tumour.

There was one case of *diabetes insipidus*, a *male, æt.* 35, with 1 month's history of great thirst and polyuria following an accident in the hunting-field. The central nervous system appeared normal. The urine was of low specific gravity and contained no abnormal constituents. The daily

measure varied from 150–200 oz. on admission; after treatment this fell to about 60 oz. The blood-sugar = 0·112 per cent.; after taking 50 grm. of glucose it rose to 0·153 per cent. Treatment consisted of injections of extract of the posterior lobe of the pituitary (gr. $\frac{1}{10}$) 3 times a day. The cause of the condition was probably an injury to the pituitary gland caused by the accident.

(*b*) Glycosuria.

3 cases, 1 male and 2 female. All cases were admitted with glycosuria, which quickly cleared up and showed no signs of recurrence on a full diet.

4. Diphtheria.

3 cases only, 1 male and 2 female. All were faucial and laryngeal and were admitted on account of gravity of symptoms. They were given antitoxin, and were well enough for transference to the fever hospital within 24 hours. No tracheotomies performed.

5. Enteric.

14 cases, 6 male and 8 female. 1 fatal (male); 10 were typhoid, 2 para. A. and 2 para B. A Widal reaction was done in all the cases and was negative in 3. A blood-culture was also performed in each case and 5 were sterile. The following complications occurred: 2 cases developed broncho-pneumonia (including the fatal one); 2 had persistently quick pulses for some weeks; 1 had a rectal hæmorrhage on the 17th day; 2 had relapses; 1 had severe peripheral neuritis.

Cases of interest.

Male, æt. 11. One week's history of dyspnœa, cyanosis and delirium. He had previously been admitted earlier in the year with double mitral disease, and was at first thought to be a case of ulcerative endocarditis. A blood-culture gave a pure growth of typhoid bacilli. Special interest is attached to this case as he was the originator of a considerable outbreak of enteric fever in Lambeth.

Fatal case.—Male, æt. 42. Patient had a severe and prolonged attack, the temperature falling by lysis at the end of the 5th week. He appeared to be progressing excellently for 10 days, when he had a rigor and his temperature rose suddenly to 104°. He developed broncho-pneumonia, from which he died. There was no post-mortem examination.

6. Erysipelas.

12 cases. Areas affected—face 6, scalp 2, leg 2, chest-wall 2. Secondary abscesses occurred in 2.

7. Pyrexia.

4 cases, 2 male and 2 female. One case (a *boy, æt.* 13) was probably subacute rheumatism. He ran a slight irregular temperature for about 1 month. He had no heart or joint lesions, but complained of various vague pains and sweated severely at times. A 2nd case (*man æt.* 57) was probably malaria, though this was never proved. The remaining 2 cases both behaved like mild cases of enteric, though all tests for this disease were negative. All cases recovered completely under treatment.

8. Gonorrhœa.

One case, a *male, æt.* 40. He contracted gonorrhœa 20 years ago, and was admitted with a 3 months' history of pain and swelling in ankles, wrists, knees and elbows. The affected joints were red and swollen, and showed considerable periarticular thickening. There was no urethral discharge. The case was successfully treated by a gonococcal vaccine, combined with radiant heat and massage.

9. Gout.

3 cases, all male; 1 readmission. 2 cases were very typical, having the small joints of the hands and feet chiefly affected, and showing multiple tophi on the ears, wrists, elbows and elsewhere. One had several tophi as large as Tangerine oranges. In the 3rd case there was some doubt as to the exact nature of the joint affection, those chiefly affected being wrists, fingers, knees and ankles. There was slight irregular fever and a history of rheumatism and gonorrhœa 10 years previously. The patient reacted well to salicylates and iodides.

10. Influenza.

42 cases, 32 males (2 fatal) and 10 females. The two fatal male cases both developed broncho-pneumonia, from which they died.

The chief interest of this group lay in the fact that many of these cases were of the abdominal type. There was a sudden onset of abdominal pain, of an acute colicky character, usually, though not invariably, accompanied by fever. Vomiting and diarrhœa were usually present and there was generalized abdominal tenderness, often most marked in the right iliac fossa. The duration of the disease was usually about 3 days. Several cases were extremely collapsed on admission, but all of these reacted quickly to treatment, and there were no fatalities. Beside this type of case, there were many typical cases with malaise, fever, generalized pains, etc.

11. Leukæmia.

(*a*) Myelæmia.—2 males and 2 females; average age 53. Enlargement of the abdomen was the first symptom noticed by all 4 cases, all being typical and showing the usual blood-counts; they all reacted quite quickly to treatment and improved in their general health.

Treatment:

Patient.	Treatment.	Result.
Male, æt. 57	Arsenic. ½ hour exposures to X rays.	Reduction of leucocytes from 59 to 8 thousand. 20 per cent. myelocytes still present.
Male, æt. 48	Application of 300 mg. radium to splenic area for 12 hours	Reduction of leucocytes from 67 to 9 thousand. 27 per cent. myelocytes still present.
Female, æt. 55	Arsenic. ½ hour exposures to X rays.	Reduction of leucocytes from 162 to 10 thousand. 30 per cent. myelocytes still present.
Female, æt. 50	Arsenic, benzol.	Reduction of leucocytes from 106 to 19 thousand. 5·5 per cent. myelocytes still present.

(*b*) Lymphæmia.—2 acute (fatal) and 2 chronic (non-fatal) cases and 1 subacute (non-fatal). All male; average age 23.

Chronic cases.—One 7 and one 19 months' history. Both complained of malaise, weakness and dyspnœa, and both showed blood-counts with a large percentage of lymphocytes (96–99 per cent.), and a large number (over 100,000) of leucocytes. Both were treated with arsenic and X rays, and showed considerable improvement on discharge.

Subacute cases.—*Male, æt.* 3½. One month's history of progressive malaise and weakness; purpuric rash for 2 weeks; all superficial glands swollen, especially in cervical region. Spleen 2 in. below costal margin. There were signs of a left pleural effusion, which was aspirated. No fever.

Blood-counts.—Lymphocytes, about 80 per cent. Leucocytes, about 20,000; many normoblasts seen. *Treatment.*—Arsenic by mouth. Condition was slowly becoming worse, but patient was taken home by his parents.

Fatal cases.—(1) *Male, æt.* 7. 3 weeks' history of swollen cervical glands; 2 days' swelling of the abdomen; irregular fever. No hæmorrhages from mucous membranes, but purpuric rash present over legs. Liver and spleen both easily palpable. *Blood-count.*—R. cells 2,850,000, white 375,000; 98 per cent. lymphocytes. The lymphatic glands became progressively larger and the general condition worse. Before death the number of leucocytes had dropped to 1120.

(2) *Male, æt.* 31. 3 weeks' history of acute malaise with extreme exhaustion, accompanied by fever. 10 days' hæmorrhage from mouth and rectum; also hæmaturia. Extreme degree of anæmia present. All superficial glands slightly enlarged; spleen 1 finger's breadth below the costal margin. Disease ran an acute course, ending fatally ten days after admission.

2 *blood-counts*, taken on day of admission and a week later (2 days before death), were as follows:

	Erythrocytes.	Leucocytes.	Abnormal cells.	Small lymphocytes.
1.	1,950,000	10,280	5 normoblasts seen	88 per cent.
2.	514,000	760	3 normo- and 7 megalo-blasts seen.	54 ,,

Post-mortem examination.—Hæmorrhages present in numerous places, as pericardium, mesentery, etc.

12. Lymphadenoma.

8 males (2 fatal) and 4 females (1 fatal). 4 were readmitted. 8 cases had a palpable spleen; in 3 this was greatly enlarged, accompanied by enlargement of the liver; 4 cases showed a typical Pel-Epstein temperature; 3 others showed fever, but of no characteristic type. All cases had arsenic by mouth, and several had application of either X rays or radium to the spleen.

Fatal case of interest.—*Female, æt.* 50. Suffered from jaundice 2½ years ago; 10 months' vomiting and pain in upper abdomen, which has increased in size during the last 6 months. Marked ascites was present accompanied by jaundice. All lymphatic glands were enlarged but not tender.

Laparotomy.—1½ pints of milky fluid was removed, which contained a great excess of lymphocytes. A tumour was felt under the liver, which was probably entirely due to enlarged glands; a portion was removed, and on

section it suggested acute lymphadenoma. The wound burst, and the patient died under spinal anæsthesia. The inquest post-mortem examination was unfortunately not held at the hospital.

13. Marasmus.

4 male (2 fatal) cases, 5 female (2 fatal). All infants under 1 year of age, except 1 who was 1¼ years old.

14. Various Infections.

4 males and 2 females; 2 cases of whooping-cough, 2 of chickenpox and 21 of scarlet fever.

Case of interest.—Five weeks before admission patient was sent to a fever hospital with scarlet fever, where he remained for 4 weeks. After discharge he complained of shortness of breath and pain in various joints, commencing in the *R. knee*, and spreading to all the joints of the lower extremity and also to the wrists and elbows. The affected joints were hot, tender on movement, and contained a little fluid. There was dulness at the L. base with faint breath-sounds and ægophany at angle of scapula. There was some cough and a little offensive sputum which contained a hæmolytic streptococcus in almost pure culture. The case was treated with an autogenous vaccine from the sputum, and progress was slow but ultimately complete.

15. Measles.

1 female case (admitted for cystitis). Developed a typical rash on day of admission and was sent to a fever hospital.

16. Pyæmia.

3 cases; 2 fatal, 1 chronic pyæmia.

Fatal cases.—(1) *Male, æt.* 60. A carbuncle of neck was excised 1 month previously. 14 days later pain and swelling in popliteal space. An abscess formed and burst. On admission site of excision of carbuncle was healing. Discharging sinus in left popliteal space. Remittent temperature. Renal efficiency impaired. Death on 32nd day. No post-mortem.

(2) *Male, æt.* 14 *days.* Full-term child. Hæmaturia noticed by parents. On admission stump of umbilical cord was still present and inflamed. Cellulitis of surrounding abdominal wall. Purpuric rash. Liver enlarged. Crepitations at both bases. Urine contained much blood. On the 3rd day jaundice was noticed. Death on the 4th day. Post-mortem: thrombosis of hepatic veins, lungs congested, spleen diffluent.

17. Hæmophilia and Purpura.

1 case of the former (male) and 6 of the latter: 5 male and 1 female.

Hæmophilia.—Male, æt. 50. No family history, except that a sister died at puberty from ? excessive menstrual loss. Patient complained of intermittent hæmorrhages from mucous membranes and a great tendency to bruise. On admission he showed the following signs: (*a*) very profuse purpuric rash, skin shiny and atrophic; (*b*) spongy bleeding gums, and

(*c*) slight general enlargement of lymphatic glands. He improved slightly under treatment (rest and calcium lactate).

Purpura.—3 simple purpura ; 2 rheumatic purpura and 1 case of Henoch's purpura.

Case of Henoch's purpura.—Boy, æt. 15. History of 5 week's purpura and pains in arms and legs and one week of dull abdominal pain. On admission he showed a profuse purpuric rash ; the stools contained much mucus and blood. Buccal mucous membrane was bleeding and there was blood in the urine. The abdomen was diffusely tender and there was considerable vomiting. Patient slowly but completely recovered.

18. Acute and Subacute Rheumatism.

16 male cases (1 fatal) and 28 female cases. In 10 cases it was the 2nd attack and in 3 the 3rd. One case had had repeated attacks of chorea before. 21 cases show mitral lesions : 1 aortic, 1 mitral and aortic, and 1 transient pericarditis and mitral disease. Out of the 10 cases who had previously had acute rheumatism, 8 showed mitral lesions, and one 3rd attack case also had aortic regurgitation. Many cases had previously suffered from chronic rheumatic pains.

There were no cases of special interest : the one fatal case (a *boy, æt.* 6) died through broncho-pneumonia supervening during the acute rheumatism.

19. Rheumatoid Arthritis.

9 cases, 3 male and 6 female. Length of history varying from 1 to 20 years. One case, a *female, æt.* 35, gave a 4 years' history, the trouble starting after scarlet fever ; another case had a profuse but non-gonococcal vaginal discharge ; a third complained of repeated sore throats, and 2 more had severe pyorrhœa. No source of infection was discovered in the other cases.

The treatment consisted of salicylates and iodides, and later radiant heat and in some cases ionization. In cases showing an apparent local source of infection, this was also treated.

20. Rickets.

3 cases, all under 3 years, 2 male and 1 female. 2 advanced cases, both with great bony changes, were treated entirely by exposure to strong artificial light ("sun-bath"). Diet was the ordinary hospital one for children of their age, minus a considerable amount of the usual fat. Both cases did extremely well, especially as regards the bony changes, the improvement being confirmed by fortnightly X-ray photographs.

21. Epidemic Gastro-enteritis.

There was practically none this year, only 12 cases in all being admitted, 5 males (2 fatal), and 7 females (3 fatal).

22. Septicæmia.

3 cases, 1 fatal.

Fatal case.—Female, æt. 2 years 3 months. Followed acute streptococcal infection of tonsils and pharynx. Death on 2nd day. No post-mortem.

23. Syphilis.

9 cases admitted, all congenital; 3 males and 6 female cases (1 fatal). These were all treated with either intramuscular or intravenous injections of "stabilarsan," and mercury was usually given by mouth in addition.

Case of interest.—Female, æt. 1 year. Father being treated for syphilis, mother's Wassermann reaction positive. First symptom noticed was hæmatemesis 1 month before admission, repeated (and definitely proved) on several occasions. Liver edge palpable; state otherwise negative. Child showed no obvious signs of congenital syphilis, but had a + + + blood Wassermann reaction. She also ran an irregular temperature for no obvious reason. Treated with stabilarsan; liver edge still palpable on discharge, but general condition much improved. Wassermann reaction negative.

25. Generalized Tuberculosis.

4 cases, 3 male and 1 female, all ending fatally. One case, a *male, æt.* 47, was sent into hospital as enteric, and was said to have a positive Widal reaction. This was not confirmed in hospital. Patient developed signs of bronchitis and became unconscious; post-mortem confirmed diagnosis.

26. Acute Abscess.

115 cases (1 fatal), 2 readmitted.

Situation: neck 26, abdominal wall 8 (5 following appendicectomy previously and 1 laparotomy for gastric ulcer), alveolar abscess 4, peritonsillar 2, retro-pharyngeal 2, ischio-rectal 2, perianal 4, perinæal 2 (no disease of urethra present).

Whitlow, 23 as follows: sub-periosteal 2, theeal 7, subcutaneous 7, perionychia 2, and palmar abscess 5. Abscess of arm 5, forearm 2, iliac 2, inguinal 3, thigh 5, leg 5, buttock 1, popliteal space 1, foot 3, chest-wall 1, scrotum 1, nose 1, scalp 1, breast 6, axilla 1, perinephric (without disease of the kidney) 3.

Fatal case.—Female, æt. 54. Influenza 3 weeks before admission. 14 days' pain in thigh. On admission there was a subcutaneous abscess in the right thigh. A culture of the pus yielded streptococci. A secondary abscess developed in the buttock. On the 13th day bilateral metastatic irido-cyclitis appeared. Death on the 90th day. Post-mortem: Malignant endocarditis, terminal peritonitis, œdema of lungs and chronic bronchitis.

27. Chronic Abscess.

38 cases, readmitted 5.

Situation: Neck 18, chest-wall 7, thigh 4, abdominal wall 2, back 2, loin 2, iliac fossa 1, arm 1, amputation stump of thigh 1.

28. Cellulitis.

29 cases, readmitted 1, fatal 1.

Situation: Neck 8, arm 5, foot 3, face 4, leg 7, hand 2.

Fatal case.—Female, æt. 20. 10 years' history of mucous colitis. While in the hospital developed acute tonsillitis. Bilateral cellulitis of neck developed, which progressed rapidly in spite of multiple incisions. Post-mortem: septicæmia.

29. Sinus.

19 cases, readmitted 3.

Situation : Following drainage of empyemata 5, chest-wall 3, abdominal wall 4 (all were post-operative, and in 1 a piece of silk was removed), arm 1, back 1, hip 1, knee 1, perinæal 1 (following excision of rectum), face 1, lumbar 1 (following nephrectomy).

30. Carbuncle and Furuncle.

27 cases, 1 fatal, 1 readmitted.

Situation : Neck 16, face 4, back 4, buttock 1, furunculosis 1.

Fatal case.—Male, æt. 55. 14 days' history of carbuncle of the whole of the back of the neck. Excision. Death on 8th day. Post-mortem : Septicæmia.

31. Various General Diseases.

10 cases in all, 1 readmitted twice ; 1 fatal male case.

2 of Malaria, 1 *male, æt.* 39 ; benign tertian infection, treated with quinine.

Fatal case.—1 *male, æt.* 15 *months.* Born in S. Africa. Admitted with history of having had parasites found in a blood-film ; was covered with a dry scaly rash and had signs of bronchitis. Died quite suddenly. Post-mortem examination : Spleen enlarged, parasites found in sections of liver and spleen, brain apparently normal.

2 of Scurvy, both *female infants, æt.* 8 *months,* fed on dried milks. Both reacted quickly to fruit-juice.

1 of Adiposis Dolorosa, treated with thyroid.

1 of Adiposity, treated with thyroid.

1 of Leprosy, *female, æt.* 33. Contracted in India in 1892 ; lesions chiefly of the nervous type. Admitted on account of deformities of feet, rendering her unable to walk. Treated by tenotomies and plaster ; also by sodium morrhuate and sodium chaulmoograte. Could walk easily and well on discharge.

1 of Erythema Nodosum, in a *male, æt.* 23

2 cases of Actinomycosis. *Male, æt.* 42. Actinomycosis of jaw, for which he had been under treatment since January, 1920. Had injections of 4 per cent. formalin at regular intervals ever since. Disease apparently cured.

Male. æt. 16. Actinomycosis of abdominal wall. Previous admission, November, 1921. Acute appendicitis and appendicectomy. On admission 14 days' history of brawny infiltration of scar ; thin purulent discharge ; thickening of cellular tissue round scar of Battle incision ; sinus on medial aspect. Films of pus show filaments ; streptothrix could not be cultivated. Treated by curettage, iodides and a course of stabilarsan. Discharged on the 120th day unrelieved.

DISEASES OF THE RESPIRATORY SYSTEM.

32. Diseases of the Nose.

(*a*) Deflected Nasal Septum.—97 cases. Also enlarged adenoids 3, inferior turbinals, 2; middle turbinals, 6; nasal polypi, 2; appendicitis (quiescent) 1.

(*b*) Polypi.—7 cases.

(*c*) Hypertrophic Rhinitis.—5 cases. Also polypi 1.

(*d*) Various.—7. Naso-pharyngeal stenosis, 1; lupus, 2; epistaxis, 3; foreign body in nose, 1.

33. Diseases of the Antrum and Sinuses.

(*a*) Ethmoiditis, 34 cases, also polypi 2, maxillary antritis 4.

(*b*) Frontal Sinusitis, 16 cases, fatal 1. Also ethmoiditis 1.

Fatal case.—Female, æt. 42. Admitted with frontal sinusitis and maxillary antritis on the right side. During operation urgent dyspnœa supervened, owing to aspiration of blood and pus. Tracheotomy was performed at once, with little relief. Death 48 hours later. Post-mortem: Lungs showed areas of collapse and congestion, bronchi contained much muco-pus.

(*c*) Maxillary Antritis.—Also ethmoiditis, 2.

(*d*) Malignant Disease, 9 cases, 1 fatal.

Situation: Carcinoma of maxillary antrum, 3; sarcoma, 2; endothelioma, 1; carcinoma of ethmoid, 2; rodent ulcer, 1.

Fatal case.—Male, æt. 52. Carcinoma of maxillary antrum. Previous partial excision in June, 1921. Recurrence. Death from cachexia and hæmorrhage. No post-mortem.

(*e*) Various, 4 cases.

Situation: Sphenoidal sinusitis, 1; hæmangioma of ethmoid, 2; dacryocystitis, 1.

34. Diseases of the Larynx.

(*a*) Simple Tumours, 2 cases, both fibromata of true cord.

(*b*) Malignant Tumours, 4 cases, all carcinoma. Secondary infection of glands of neck, 1.

(*c*) Various, 4 cases. Tuberculous laryngitis, 2; hæmatoma of false cord, 1; cyst of epiglottis, 1.

35. Respiratory System: Bronchitis.

18 male (1 fatal), 10 female. Ages were in 2 groups—either from 1–3 years, or over 40 years. Several cases showed very well-marked emphysema; one had an old hemiplegia. The fatal case was a child *æt.* 12 *months*; post-mortem examination confirmed diagnosis.

Case of interest.—Male, æt. 3. Had intense tracheitis, which necessitated a tracheotomy. Swab from trachea showed no Klebs-Loëffler bacilli. Good recovery.

36. Broncho-pneumonia.

35 males (13 fatal and 1 readmission), 17 females (2 fatal). The great majority of cases were under 5 years of age. 10 cases show partial consolidation of some portion of the lungs, usually R. base. 3 developed an empyema. 2 fatal cases had suppurative pericarditis and there was one case of each of the following conditions: profuse otorrhœa, septicæmia, meningitis, endocarditis, jaundice, nephritis. One child was a Mongol.

37. Lobar Pneumonia.

42 male cases (6 fatal), 22 female (1 fatal), 1 readmission. 49 were cases of acute pneumonia and 15 were of unresolved pneumonia.

The complications were as follows: 2 cases showed marked meningism; 1 case had a persistently severe and painful pleural rub; 1 case had congenital syphilis, and another (fatal) had chronic nephritis. The consolidation was apical in 2 cases; there was one case of empyema. The cases of unresolved pneumonia mostly gave a history of an acute illness about 1 month previously and a cough which had persisted since. The sputum was tested for tubercle bacilli in 2 cases, with negative results.

Case of interest.—Male, æt. 9. First admitted with a history of an acute illness 14 days previously, consisting of malaise and delirium. On admission there were signs of consolidation of the base of the R. lung. Patient ran an irregular temperature for 6 weeks, which finally settled; he was discharged with no abnormal chest signs. He was readmitted 10 weeks later complaining of similar signs and symptoms, only more acute. Temperature varied from 103–104° for 14 days, and the respiration was *circa* 40. There were the signs of consolidation of the L. base. Condition settled down in about 10 days, patient being quite fit and showing no abnormal signs on discharge.

38. Bronchiectasis.

7 male cases (2 fatal), 3 female (1 fatal). Of the 7 non-fatal cases, 5 gave a history of over 5 years, one of 3 years, and one of 3 months only. 2 had been treated for tuberculosis for years, and tubercle bacilli had been found previously in the sputum of one of these cases. These sputa were now repeatedly negative for tubercle bacilli. One case showed signs of broncho-pneumonia on admission, but reacted to treatment. 3 cases showed signs of bronchiectasis at the L. base, 2 at the R. base and 2 at both bases.

Fatal cases.—2 died of septic broncho-pneumonia. The 3rd showed consolidation of the whole of the R. lung.

39. Pulmonary Tuberculosis.

74 cases: 40 male (5 fatal) and 34 female (3 fatal). The following complications were present: Laryngeal tuberculosis, 2 cases; abdominal tuberculosis, 2 cases; tuberculosis rib, 1 case; sciatica, 1 case; severe bronchitis, 1 case. 2 cases were readmitted. The routine treatment consisted of rest in bed and graduated exercise, good food and fresh air.

Fatal cases of interest.

(1) *Male, æt.* 3 *months.* Breast-fed for 2 months, then put on a milk

mixture; very emaciated; chest showed slight signs of bronchitis. Progress appeared to be satisfactory, when death took place quite suddenly. Post-mortem, an advanced condition of tuberculous broncho-pneumonia was found.

(2) *Male, at.* 37. A policeman, with a history of extreme dyspnœa which suddenly commenced while on duty. He had been treated for pulmonary tuberculosis some years previously. On admission he was found to be extremely collapsed and cyanosed and only lived a few hours. Post-mortem, the L. lung was found collapsed; the pleura was very thickened and about ½ pint of pus was present in the cavity. On the R. side a pneumothorax was formed, obviously recent in origin. It is of interest to note that the man could remain on duty so long.

40. Pleurisy.

28 males (1 fatal), 10 females. In 27 cases effusion was diagnosed, 16 being left-sided and the remainder on the right. The following complications were present in 3 cases: cirrhosis of liver in one, fibrosis of lung in the 2nd, and mitral stenosis and pregnancy in the 3rd. The cases of effusion received the routine treatment of rest and fresh air; the majority were aspirated, small lymphocytes being present in excess in all cases, with one exception described after. Sputum stained for tubercle bacilli in 4 cases, all of which were negative.

Case of interest.—Male, at. 49. He gave a 5 weeks' history of pain in the left side of the chest and dyspnœa. 8 months previously he had had his abdomen tapped twice, the diagnosis being cirrhosis of liver and ascites. On admission he showed signs of a small effusion on the left side; the liver edge was easily palpable and felt hard and nobbly. The chest effusion was aspirated and contained an excess of *polymorphs*; the culture was sterile. The liver function was estimated by the lævulose test, and found to be definitely impaired. The effusion in the chest cleared up under routine treatment.

The fatal case showed tuberculous pleurisy and multiple foci in the lungs, chiefly old and inactive.

41. Empyema.

21 cases, 4 fatal, 12 L.-sided, 7 R.-sided; apical 2; following pneumonia, 9; following influenza, 2; previous empyema, 1; also exophthalmic goitre, 1.

Bacteriology.—Pneumococcus, 4; streptococcus, 6; staphylococcus, 2; streptococcus and staphylococcus, 1.

Treatment.—Aspiration 1. Resection of rib and drainage, 11; in most of these some form of valvular drainage-tube was used. Resection of rib, evacuation of pleural cavity and closure, 7.

Cases of interest.

(1) *Male, at.* 8. 12 hours' severe abdominal pain and vomiting. On admission tenderness in right loin. Right side of chest was not moving well. Temp. 102°; resp. 36. No definite signs in chest. 24 hours later tenderness and rigidity on right side of abdomen more marked. Appendicectomy. Appendix normal. 14 days later obvious pleural effusion at right base.

Aspiration produced pus containing pneumococcus type 1. Resection of rib and drainage. Uneventful recovery.

(2) *Male, æt.* 1 *year* 7 *months.* Broncho-pneumonia 5 months previously. Had been ill ever since. On admission signs of effusion at right base.

Aspiration produced thick pus containing *Staphylococcus aureus.*

Resection of rib, evacuation of pleural cavity, closure. Rapid recovery.

(3) *Female, æt.* 40. Influenza one week previously. On admission there was a large pleural effusion on left side. Aspiration produced thick creamy pus containing pneumococci. Resection of rib; pleural cavity evacuated, dried and closed. Temperature fell to normal. A small re-collection of sero-pus discharged through the scar on the 8th day. Wound healed rapidly after this. Temperature remained normal and lung expanded rapidly. Patient got up on the 14th day and was discharged on the 21st.

Fatal cases.

(1) *Male, æt.* 53. Pneumonia 3 weeks previously. On admission pleural effusion on left side. General condition very toxic. Resection of rib: drainage. Death 48 hours later.

(2) *Male, æt.* 2. Pain in the chest for 6 days, with cough. Abdominal pain for 12 hours. No vomiting. On admission general condition very poor. Temp. 102°. Mass of inflamed glands in right axilla. Mass in right iliac fossa. Death on 4th day. Post-mortem: Apical empyema on left side. Mass of breaking-down glands in right axilla. Ileocæcal intussusception.

(3) *Male, æt.* 49. Influenza 12 months previously followed by persistent cough. Pleural effusion on right side. Aspiration. Death on 6th day.

(4) *Female, æt.* 16. 6 weeks' pain in the chest and cough. Pleural effusion on left side. Rib resected, drainage. Pus contained streptococci, Sudden death on 2nd day. Post-mortem: Pericardial adhesions, infarct of lung.

42. Pneumothorax.

2 male cases, neither fatal.

Case 1.—*Male, æt.* 21. Had suffered from chronic bronchitis for years. On admission he gave a 48 hours' history of acute pain in the left chest; very little dyspnœa. On examination he was found to have a large left pneumothorax. There was no sign of any pulmonary tubercle, and the sputum contained no tubercle bacilli. Air in chest was slowly absorbed.

Case 2.—*Male, æt.* 13. Had always suffered from attacks of asthma since he was 2 years old. Was frequently short of breath and had been specially so for 48 hours before admission. No history of any acute onset. On examination he was found to have a left-sided pneumothorax. Condition cleared up satisfactorily.

43. Neoplasm of Lung.

6 male cases, 4 fatal. Average length of history, 4 months. Wassermann reaction negative in 2; pleural effusion (blood-stained) present in 2. In the non-fatal cases the diagnosis was confirmed by X ray.

Fatal cases.—In 2 cases the growth was invading the right lung, in 1 the

left; in the 4th case there was no post-mortem, but the growth had actually perforated the chest-wall on the left side. One of the cases showed advanced septic broncho-pneumonia in addition, and multiple small lung abscesses were present.

44. Respiratory, Various.

(*a*) Asthma.—9 cases, 7 male and 2 female. One case had the tonsils removed; one a deflected septum. The rest were treated with iodides and adrenalin. One case received in addition intravenous injections of peptone, and appeared to benefit greatly. One patient had chronic renal disease.

(*b*) Fibrosis of Lung.—4 cases, 3 male and 1 female. In one case it followed an attack of pneumonia; in a 2nd it was present in a patient suffering from chronic pulmonary tubercle. The other 2 cases both gave indefinite histories of several months' pain in the chest, but there was no history of any acute or chronic illness.

(*c*) Abscess of Lung.—4 male cases, 1 fatal. One case followed an attack of broncho-pneumonia; the abscess was coughed up. The 2nd gave a history of profuse expectoration and malaise; this was also coughed up. The 3rd followed a nasal operation and underwent cure in the same manner. The fatal case apparently followed an attack of pneumonia. Post-mortem showed a right-sided empyema and right lung abscess.

(*d*) Foreign Bodies in Lung.—3 male cases: 2 in left bronchus and one in right. Two were coughed up and the 3rd removed by direct vision with a bronchoscope.

(*e*) Various.—7 cases: 5 male and 2 female. One case of acute œdema of lungs; 1 of collapsed left lung after severe coughing; 3 of hæmoptysis where there was no evidence of pulmonary tubercle. In one case the cause was probably bronchitis. The other 2 cases were of transient pain in thorax, which showed no abnormal physical signs.

DISEASES OF THE CIRCULATORY SYSTEM.

45. Aneurysm.

(*a*) Thoracic.—12 male cases (2 fatal), 2 female (1 fatal). Complications: Double subclavian aneurysm in 1 case, aortic regnrgitation present in 2 cases; mitral disease in 1.

The Wassermann reaction was done in 9 cases, 8 of which were positive; the Sachs-Georgi reaction was performed in 6, and all gave a positive reaction. The 3 fatal cases all ruptured—one into the left pleural sac, and the other 2 into the trachea. The treatment consisted of rest, mercury and iodides; in 3 cases salvarsan was also given. The diagnosis was confirmed by X ray in all cases.

Cases of interest.

(1) *Male, æt.* 51. Noticed a swelling appear above the right clavicle 4 months ago; recently a similar but smaller swelling had appeared above

the left clavicle. He also complained of slight pain over region of swellings and some dyspnœa. On examination he was found to have a double subclavian aneurysm; also an aneurysm of the arch of the aorta. The Wassermann reaction was + + + +. The right subclavian aneurysm underwent spontaneous cure by thrombosis, following repeated examination.

(2) *Male, æt.* 42. Contracted syphilis 22 years ago; had complained of severe pain in chest for about a year. On examination he was found to have a large aneurysm, which had eroded the upper part of the sternum and was pulsating subcutaneously. The condition slowly progressed, the patient being removed to a special home after a year's stay in hospital.

(*b*) 3 cases, 2 male and 1 female, one readmission. (1) Traumatic aneurysm of superficial temporal; (2) cirsoid aneurysm of right ear; (3) cirsoid aneurysm of face.

46. Aortic Disease.

10 cases, all male (3 fatal). There was a past history of acute rheumatism in 4 cases, and of syphilis in 2. The Wassermann reaction was done in 4 cases, 3 being positive and one negative. One case had aortic stenosis and another showed signs of an adherent pericardium. One case was treated with injections of stabilarsan and appeared to react favourably. In another case, a *male, æt.* 25, there was no history of any previous illness except transient attacks of giddiness for 6 months. The Wassermann reaction was negative.

47. Arterio-sclerosis.

10 cases, all male, 2 fatal, 1 readmission.

Complications.—Albuminuria in 1 case, heart-block in a 2nd, and myocarditis in a 3rd. In no case was the blood-pressure below 140 mm.; in 3 cases it was over 200; in one over 250. The Wassermann reaction was performed in 2 cases and was negative in both. The 2 fatal cases both showed advanced disease of the coronary arteries; one of these died 30 hours after the sudden onset of heart-block.

48. Endocarditis.

(*a*) Ulcerative.—6 cases, 5 male and 1 female: all fatal. 3 gave a past history of rheumatism. Blood-cultures were performed in 4 cases; streptococci were grown in 2 and staphylococci in 1; sterile in 1. 5 out of the 6 cases appeared to have had old valvular lesions with recent vegetations grafted on. The valves affected were—mitral in 3 cases, and aortic in 3.

Case of interest.—Female, æt. 22. Her only grave illness was gonorrhœa 6 months ago. She complained of 14 days' malaise and precordial pain. Temperature swung between 100° and 104°; heart rapid and with loud apical systolic murmur. Blood-culture sterile. Post-mortem: Recent vegetation present on mitral valve, which on section proved to contain gonococci.

(*b*) Rheumatic.—4 cases, 3 male and 1 female. Mitral systolic murmurs present on discharge in all 4 cases.

49. Gangrene.

6 cases, 1 fatal.

Diabetic type, 1; direct traumatic, 1; pre-senile, 1; senile, 3 (1 fatal).

Cases of interest.

(1) *Male, æt.* 60. Syphilis many years previously. 3 months' history of an ulcer on sole of left foot. Diabetes of 20 years' duration. On admission dry gangrene of fourth and fifth toes. Perforating ulcer of sole. Definite signs of tabes. Amputation lower third of thigh. Uneventful recovery.

(2) *Male, æt.* 5 *weeks.* Prolonged artificial respiration at birth. Mother noticed discoloration of right foot when child was 5 days old. On admission dry gangrene of distal half of foot. Well-marked line of demarcation. Syme's amputation. Recovery.

Fatal case.—Male, æt. 51. 3 years ago right leg was amputated at "site of election" for senile gangrene of great toe. On admission dry gangrene of great toe of left foot of 6 weeks' duration. Urine contained sugar. Ligature of common femoral vein. Condition unaffected. 15 days later amputation of toe. 5 days later amputation through thigh. Death 30 days later. Post-mortem: Cerebral thrombosis, broncho-pneumonia, infarcts of kidneys.

50. Mitral Disease.

16 male cases (1 fatal), 27 female (3 fatal). There were 3 readmissions. There was a past history of rheumatism in 30 cases, and of chorea in 4. Mitral regurgitation only was present in 10 cases; stenosis in 25, and both lesions in 8.

Complications.—Auricular fibrillation, 11; subacute rheumatism, 6; pericardial adhesions, 5; embolic hemiplegia and aphasia, 1; cirrhosis of liver, 1; myocardial degeneration, 1; *B. coli* pyelitis, 1; broncho-pneumonia, 1. A new line of treatment was the introduction of quinidine sulphate. This was usually given in doses of 5–10 gr. *t.d.s.*

Auricular fibrillation was definitely arrested in 2 cases; a pre-systolic murmur reappeared and the auricle was proved to be contracting regularly by electro-cardiographs. No case of embolism occurred while using this drug.

51. Mitral and Aortic Disease.

8 cases, 5 male (2 fatal), 3 female. 6 gave a past history of rheumatism.

Complications.—Adherent pericardium, 1; partial heart-block, 1; colitis, 1; subacute rheumatism, 1.

52. Myocarditis.

9 cases, 8 male (3 fatal), 1 female; 1 readmission.

Complications.—Mitral disease and auricular fibrillation, 1; auricular fibrillation, 1; chronic bronchitis, 1; chronic nephritis, 1; arterio-sclerosis, 1. The Wassermann reaction was done in 2 cases, and was once positive and once negative.

53. Pericarditis.

8 cases, 3 male (2 fatal), 5 female (2 fatal). All the cases except one were rheumatic in origin; one was purulent and secondary to a left-sided empyema. 4 cases had mitral disease, 1 mitral and aortic disease; 2 had acute rheumatism.

54. Varicocele.

10 cases. Also varicose veins, 1.

55. Varicose Veins.

44 cases, readmitted 1.

Bilateral, 20. No operation, 3. Recurrence after operation 16 years previously, 1.

56. Thrombosis.

5 cases, 4 male (1 fatal), 1 female.

Type.—Femoral, 2; subclavian, 1; superior vena cava, 1; mesenteric, 1.

Fatal case.—Male, æt. 63. 48 hours' history of increasing abdominal pain. On admission, abdomen generally tender: no rigidity; *nil* palpable; *nil* felt *per rectum*. Temperature 98°, pulse 100. Free blood-stained fluid in the peritoneal cavity; 2½ ft. of terminal ileum congested and œdematous; considered viable. Death on second day. Post-mortem: bowel viable, broncho-pneumonia.

57. Congenital Heart Disease.

6 cases, 4 male (1 fatal), 2 female (1 fatal).

(1) *Male, æt.* 3 *weeks*. Cyanosis marked since birth; fingers and toes already slightly clubbed. Heart: not enlarged; no murmurs.

(2) *Boy, æt.* 12. Complaining of dyspnœa and very cyanosed; clubbing of fingers marked. Heart: not enlarged; no murmurs. Red cell count = 7½ millions.

(3) *Male, æt.* 25. Spent most of his life in hospitals. Cyanosis very marked; clubbing of fingers also well marked. Heart slightly enlarged; no murmurs. Red cell count = 9 millions.

(4) *Female, æt.* 1½. Cough for several months; no cyanosis; no clubbing of fingers or toes. Heart: systolic murmur heard everywhere; best heard over 4th left costal cartilage No thrill present.

The 2 fatal cases were—

(1) *Male, æt.* 4 *months*.—Post-mortem: Absence of upper part of ventricular septum and large patent foramen ovale.

(2) *Female, æt.* 10. Died of tuberculous broncho-pneumonia. Extreme clubbing of fingers. Heart: aorta arising from both ventricles; stenosis of pulmonary artery and the upper portion of the intraventricular septum missing.

58. Circulatory Various.

(*a*) Paroxysmal Tachycardia.—3 cases, 2 male and 1 female; 1 in a *male child, æt.* 1½ *years*.

(*b*) Angina Pectoris.—3 cases, all male, 2 over 70.

(*c*) Various.—6 cases, 2 male and 4 female.

Angio-neurotic œdema, 2; heart-block (2 : 1), 1; intermittent claudication, 1; post-operative hæmorrhage, 1; œdema of feet, ? cause, 1.

Case of interest.—Female, æt. 35. Previously admitted in June, 1921, with coldness and pain in feet of 3 years' duration. Readmitted on February 14th, 1922, with similar but more severe symptoms, the pain now extending

up the thighs, and the feet becoming cold and blue. Complete inability to walk. Insomnia on account of pain. Diagnosis: Intermittent claudication. The progress was unsatisfactory. The sheath of the right femoral artery was divided in hope of improving the circulation, but the result was disappointing. On discharge, condition *in statu quo*.

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES.

59. Cysts.

(*a*) Dermoid.—6 cases.

Site.—Neck, 3; nose, 1; inguinal canal (thought to be an encysted hydrocele of the cord), 1; implantation of finger, 1.

(*b*) Sebaceous.—9 cases.

Situation.—Face, 6; scalp, 2; ear, 1.

60. Tumours.

(*a*) Carcinoma.—13 cases, 2 fatal, 3 readmitted (1 twice).

Situation.—Face, 5; hand, 1; foot, 1; ear, 1; thigh, 1; scalp, 1; nose, 1; eyelid (melanotic), 1; scrotum, 1.

Fatal cases.

(1) *Male, æt.* 53. Admitted with epithelioma of scrotum. Excision of growth and inguinal glands on both sides. Recurrence in left groin. Death from repeated hæmorrhage.

(2) *Male, æt.* 45. Epithelioma of face following lupus. Nose and maxillæ entirely destroyed. Treated with radium without relief.

(*b*) Sarcoma.—11 cases, 1 fatal, 2 readmitted (1 twice).

Situation.—Chest-wall, 3. Melanotic sarcoma of cheek, 1 (also hæmangioma of finger, recurrence after excision). Thigh 2 (round-celled 1, mixed celled, 1); shoulder 2 (both spindle-celled). Recurrent fibro-sarcoma of buttock, 1 (after 17 years); ditto of forearm, 1 (after 3 years). Diffuse lympho-sarcomatosis, 1.

Fatal case.—Male, æt. 67. 6 months before admission noticed a pimple on right shoulder which broke down, leaving an ulcer which would not heal. 3 months' ulcerating mass above right clavicle. On admission these had the appearance of typical gummatous ulcers. Wassermann reaction was negative on three occasions. Iodides produced no effect. The pathological report on a portion removed was—atypical spindle-celled sarcoma. Later more subcutaneous nodules appeared. Gradual failure. Death on 42nd day. Post-mortem: Necrotic tumour size of an orange in the mesentery in the right iliac fossa. Tumours in the liver and kidneys.

(*c*) Rodent Ulcer.—12 cases, 2 readmitted.

(*d*) Lipoma.—26 cases, 1 readmitted.

Situation.—Back, 6; shoulder, 6; thigh, 4; arm, 1; neck, 3; chest-wall, 2; abdominal wall, 1; axilla, 1; perinæum, 1; loin, 1.

(*e*) Fibroma.—5 cases.

Situation.—Myxofibroma of arm, 1; neuro-fibroma of arm, 1; fibro-lipoma of cheek, 1; fibroma of knee, 1; plexiform neuro-fibroma of axilla, 1.

(*f*) Papilloma.—10 cases.

Situation.—Face, 4; foot, 2; prepuce, 1; scrotum, 1; toe, 1; chest-wall, 1.

(*g*) Angioma.—11 cases, 2 readmitted.

Hæmangioma, 9; wrist, 1; scalp, 1; foot, 1; shoulder, 1; thigh, 1; chest-wall, 1; neck, 2; face, 1; lymphangioma, 2, both cystic hygromata of neck.

(*h*) Various.—1. Endothelioma of abdominal wall.

61. Ulcers.

(*a*) Chronic.—6 cases. Leg 3 (amputation in 2); heel, 1; thigh, 1; arm, 1.

(*b*) Varicose.—2. Amputation through the leg in both.

(*c*) Gummatous.—1. Huge gummatous ulcer of foot simulating an epithelioma. Cleared up rapidly under anti-syphilitic treatment.

(*d*) Various.—3.

62. Skin Diseases (Various).

(*a*) Tuberculosis.—8 cases.

(*b*) Various.—14 cases, 1 readmitted.

Pruritus ani, 2; dermatitis herpetiformis, 1; Milroy's disease, 1; corns, 1; painful scar, 3; keratosis, 2; eczema, 3; seborrhœic dermatitis, 1.

DISEASES OF THE DIGESTIVE SYSTEM.

63. Diseases of the Mouth and Pharynx.

(*a*) Inflammatory Conditions.—22 cases. Dental caries, 5; acute stomatitis, 2; gingivitis, 2; pyorrhœa, 1; ranula, 3; dental cyst, 8; lupus of palate, 1.

(*b*) Simple Tumours.—9 cases. Epulis, 6; dentigerous cyst, 1.

Case of interest.—Female, æt. 18. 6 months' painless swelling of left side of the lower jaw. On admission expansion of the jaw by an endosteal swelling. Ulceration of the mucous membrane on alveolar aspect. Teeth missing over tumour, having previously dropped out. Firm elastic tumour. No pulsation or crackling. Excision of left half of lower jaw. Fitted with dental splint. Subsequent functional result very good. Pathological report on tumour—a richly cellular fibroma.

(*c*) Malignant Tumours: (i) Mouth.—22 cases, 3 fatal, 9 readmitted (2 twice, 1 three and 1 four times).

Carcinoma of Floor of Mouth.—8. Fatal, 2; radical operation 4, 1 fatal; defulgurization 2, 1 fatal, No operation, 2.

Carcinoma of Upper Jaw, 3; complete excision, 2, both squamous type; defulgurization, 1.

Recurrent Carcinoma of Upper Jaw, 1, treated with radium without relief.

Carcinoma of Palate, 3; defulgurization in all cases.

Carcinoma of Cheek, 5; radical operation, 2; defulgurization, 2; radium, 1.

Recurrent Carcinoma of Cheek, 2; radium in both.

(*c*) (ii) Pharynx.—8 cases, 2 fatal, 1 readmitted (twice).

Post-cricoid carcinoma, 5; radical operation in 1; sarcoma of naso-pharynx, 1. Fatal cases: carcinoma of pyriform fossa, 2; defulgurization, 1.

(*d*) Various.—1. Mucous cyst of cheek. No operation.

64. Tonsils and Adenoids.

(*a*) Enlarged Tonsils and Adenoids, 468 cases, 1 fatal. Operation in 464. One case developed a pneumothorax after operation.

Fatal case. Female, æt. 3. Enucleation of tonsils by blunt guillotine in the Out-Patient Department. Anæsthetic, open ether. Very little loss of blood. Brought up 48 hours later in a collapsed condition. Death 4 days later. Post-mortem: Broncho-pneumonia. Left tonsil bed unhealthy. Swab showed staphylococci.

(*b*) Tonsillitis.—11 cases, 1 readmitted (for tonsillectomy), 1 fatal.

Fatal case.—Male, æt. 12. 7 days' history. On admission bilateral gangrenous tonsillitis. Death 24 hours later. Post-mortem: Septicæmia.

(*c*) Tumours.—5 cases, 2 readmitted.

Carcinoma, 4; diathermy, 3, with removal of glands of neck, 1; sarcoma, 1; diathermy and removal of glands of neck.

65. Tongue and Lips.

(*a*) Carcinoma of Tongue, 25 cases, 2 fatal, 4 readmitted.

Radical operation, 17; fatal, 1; 3 cases occurred in women.

Treatment.

Intrabuccal excision only, 11. By knife, 7; by diathermy, 4 (1 recurrent after excision, June, 1921).

Intrabuccal excision + removal of glands of neck at same time, 4. 1 readmitted two months later with a hard submaxillary gland. Excision. Pathological report—"Chronic fibrosis."

Intrabuccal excision + preliminary removal of glands, , 1. Readmitted for enlargement of glands. Excision. Pathological report—"Non-malignant."

Intrabuccal excision + subsequent removal of glands, 1. Readmitted for suspected local recurrence. Excision. Pathological report—"Non-malignant."

1 inoperable case treated by diathermy twice at an interval of 2 months. On readmission growth had spread considerably and masses of glands were present on both sides of the neck.

No operation, 5.

Fatal cases.

(1) *Male, æt.* 68. Preliminary excision of glands. Death 14 days later. Post-mortem: Broncho-pneumonia.

(2) *Male, æt.* 65. Tumour of right half of tongue, invading floor of mouth. Regnoli's operation. Death 11 hours later from shock.

(*b*) Simple Tumour of Tongue, 1 case. Papilloma on dorsum.

(*c*) Tongue, Various, 7 cases.

Chronic superficial glossitis, 5 (partial removal of tongue, 4; anti-syphilitic treatment only, 1); gummatous ulcer, 1; glossodynia, 1.

(*d*) Carcinoma of Lip.—7 cases.

Excision of growth, 3, also submental glands, 1. 1 inoperable case presented a carcinoma on the lower lip with a papilloma on the upper, opposite to it. Treatment with X rays. 1 inoperable case treated with radium.

(*c*) Simple Tumour of Lip.—3 cases, 1 readmitted (five times).
All nævi. Excision, 2; electrolysis and diathermy, 1.

66. Œsophagus.

(*a*) Carcinoma, 22 cases, 5 fatal, 2 readmitted.

(*b*) Simple, 5 cases, 1 fatal, 1 readmitted; achalasia, 3; stricture, 1.

Fatal case.—Male, æt. 3 days. Pharynx ended in *cul-de-sac*. Tracheo-œsophageal fistula.

67. Stomach.

(*a*) Ulcer.—92 cases, 5 fatal, 9 readmitted.

Males, 52; females, 40. Hæmatemesis, 22; melæna, 2; both, 2; of these 26 cases only 11 were operated on, and the diagnosis of ulcer confirmed.

Cases treated by operation, 57. Site of ulcer as verified at operation. Pylorus, 26. Lesser curvature near to pylorus, 10. Lesser curvature, 19. Greater curvature, 1. Double ulcer, pylorus and lesser curvature, 1.

In 26 cases the diagnosis made by radiography was proved correct at operation.

Co-existent diseases: Cholelithiasis, 1; appendicitis (quiescent), 1; general visceroptosis, 1; 1 case developed acute obstruction 14 days after posterior gastro-jejunostomy, which was relieved by laparotomy and division of adhesions.

1 case had symptoms following the suture of a perforated gastric ulcer in 1906, although a gastro-enterostomy was performed 6 months after perforation.

There were seven other cases presenting recurrence of symptoms after previous operative interference:

1. Posterior gastro-jejunostomy, 1914. Hæmatemesis 3 weeks before admission, treated medically.

2. Posterior gastro-jejunostomy, 1918. Ulcer high on lesser curve, treated by partial gastrectomy.

3. Posterior gastro-jejunostomy, March, 1922. Ulcer high on lesser curve. Readmitted June. Gastrectomy impossible.

4. Posterior gastro-jejunostomy, 1915. Ulcer high on lesser curve, 6 months' recurrence of symptoms. Anterior gastro-jejunostomy.

5. Posterior gastro-jejunostomy, 1920. Treated medically.

6. Posterior gastro-jejunostomy. Readmitted and partial gastrectomy performed.

7. Partial gastrectomy, 1921. Hæmatemesis 14 days before admission. Treated medically.

Several other cases of dyspepsia following gastro-jejunostomy are recorded under "82. Dyspepsia."

There were five cases of definite gastro-jejunal ulceration verified by operation:

1. Finney's operation, 1915. No relief. Stoma was thickened. Selerosed portion excised and stoma enlarged.

2. Posterior gastro-jejunostomy, 1920. Symptoms soon recurred. Thickening of stoma. Piece of thread found. Gastrectomy.

3. Posterior gastro-jejunostomy, 1921. Stoma very small. Piece of thread found. Fresh and larger anastomosis.

4. Posterior gastro-jejunostomy, 1921. 5 months' recurrence of symptoms. Piece of thread found. Fresh and larger anastomosis.

5. Posterior gastro-jejunostomy, 1916. Ulceration of stoma. Stoma closed.

2 cases of proved gastric ulcer occurred in patients who had previously had perforated duodenal ulcers.

Test-meals were carried out in 36 cases, and 2 of these showed complete absence of hydrochloric acid; they were both cases in which pyloric stenosis was present.

Fatal cases.

(1) *Male, æt.* 41. Relieved by 6 weeks' medical treatment. Readmitted. Partial gastrectomy for ulcer high up on lesser curve. Death on 8th day. Post-mortem: Hypostatic pneumonia, anastomosis sound.

(2) *Male, æt.* 41. Repeated hæmatemesis. Death on 8th day. No post-mortem.

(3) *Male, æt.* 47. Previous gastro-jejunostomy. Gastro-jejunal ulcer. Partial gastrectomy. Death on table.

(4) *Female, æt.* 31. Ulcer on lesser curve. Partial gastrectomy. Death 48 hours after. No post-mortem.

(5) *Female, æt.* 41. 15 years' symptoms. Hæmatemesis 2 days before admission. Repeated in hospital. Death on 11th day. Post-mortem: Acute ulcer on lesser curve.

(*b*) Perforated.—13 cases; 3 fatal; 1 readmitted.

All were operated on, and the perforation closed by suture or omental graft in 12; in one moribund case drainage only was carried out.

Site: Lesser curve, 10; pylorus, 3. 1 case had a perforated ulcer on the lesser curve, and a second ulcer on the pylorus.

1 case had had a perforated duodenal ulcer successfully sutured in 1918. The whole pylorus and commencement of the duodenum were one enormous inflammatory mass. 1 case of huge lesser curve ulcer with hour-glass stomach was readmitted; gastrectomy being considered impracticable, gastro-gastrostomy was performed. Immediate gastro-enterostomy was carried out in one case.

The peritoneum was dry-sponged in all, sutured in 8, and drained in 5.

Fatal cases.—All males. Duration of perforation, 26 hours, 3 and 6 days respectively. Cause of death—general peritonitis in all. One case was an ulcer on the posterior wall with perforation into the lesser sac.

(*c*) Carcinoma.—39 cases, 13 fatal.

A palpable mass in the abdomen was present in 17, the liver was enlarged in 2, ascites was present in 2, and enlargement of the mediastinal glands in 1.

In cases examined the site of growth was as follows: Pyloric end, 13; cardiac end, 3; lesser curve, 1; leather-bottle stomach, 1. Microscopical examination: Spheroidal-celled, 5; colloid, 2. In one case the growth was polypoid, projecting into the pyloric antrum. 1 case was previously admitted in 1920 and a gastro-enterostomy performed for an ulcer on the lesser curve. Laparotomy revealed an inoperable growth.

21 cases were operated on. Palliative operations, 17; fatal, 6; 4 were laparotomies only; radical operation, 4; fatal, 2.

(*d*) Pyloric Stenosis.—12 cases, 2 fatal, 1 readmitted.

Congenital hypertrophic type, 4; fatal, 2. Three underwent Ramstedt's operation, one of which died 6 hours later from hæmorrhage at the pyloric incision.

3 cases of pyloric obstruction in adults *æt.* 39, 50 and 66 were relieved by medical treatment.

3 cases revealed thickening of the pylorus and were treated by gastro-jejunostomy, Finney's operation and pylorectomy respectively.

1 case had a Finney's operation in 1919 without relief, followed by posterior gastro-jejunostomy in 1920. Dyspepsia recurred and the stoma was enlarged.

1 case was relieved by posterior gastro-jejunostomy. Symptoms recurred 4 months later and Finney's operation was performed.

(*e*) Various.—2 cases; both acute gastritis.

68. Duodenum.

(*a*) Ulcer.—42 cases, 1 fatal, 4 readmitted.

Operation in 21. Gastro-jejunostomy in all cases, one anterior owing to extreme fixation of stomach. Pylorus occluded in 5, and ulcer infolded in 4. There was a history of hæmatemesis in 6, melæna in 2, both in 1. In 3 cases in which ulcer was verified at operation, a positive diagnosis had been made by X ray previously.

1 case had a laparotomy performed, when some adhesions were found round first part of duodenum; on readmission 6 months later a definite ulcer was found and gastro-jejunostomy performed.

1 case had gastro-jejunostomy performed, and was readmitted 3 months later with recurrence of symptoms, relieved by medical treatment.

Fatal case.—Male, æt. 31. Ulcer on first part of duodenum adherent to liver. Separated and infolded. Gastro-jejunostomy. Death 4 days later. Post-mortem: General peritonitis, owing to site of infolding of ulcer having leaked.

(*b*) Perforated.—6 cases, 1 fatal.

1 case occurred in a woman. All the non-fatal cases were operated on, and the perforation closed. The peritoneum was dry-sponged and closed without drainage.

In 1 case posterior gastro-jejunostomy was also performed.

Fatal case.—Male, æt. 64. 48 hours' history. Moribund on admission. Post-mortem: General peritonitis.

69. Hæmatemesis and Melæna.

11 cases, 9 male and 2 female, 2 readmissions.

(*a*) 6 cases had hæmatemesis.

(*b*) 1 case had hæmatemesis and melæna.

(*c*) 4 cases had melæna.

(*a*) Hæmatemesis.—2 had operations, (1) gastro-enterostomy, and (2) pyloroplasty; 2 were treated by Lenhartz diet, and 2 were treated by starvation and diet. All 6 cases were probably due to gastric ulcer.

(*b*) Hæmatemesis and Melæna.—1 case; lost a large quantity of blood. Had had a gastro-enterostomy performed for pyloric ulcer in 1913. Bleeding was probably taking place from a recent jejunal ulcer.

(*c*) Melæna.—4 cases; 1 probably due to ulceration of colon; and 1 to duodenal ulcer. In the other 2 cases the cause of the bleeding was very obscure; all ultimately reacted well to treatment.

70. Intestinal, Various.

(*a*) Simple.—11 cases, 4 fatal, 1 readmitted.

(i) Papilloma of colon, 1; *male*, *æt.* 48. Colostomy and perinæal excision of rectum for carcinoma in 1917. Papilloma on lower lip of colostomy.

(ii) Diverticulitis, 1; *male*, *æt.* 64. Laparotomy and transverse colostomy for supposed carcinoma of sigmoid, 1909. Perfect health ever after. Admitted for closure of colostomy. Laparotomy showed sigmoid converted into a fibro-fatty thread. Colostomy impossible.

(iii) Hirschsprung, 1; *male*, *æt.* 1 *year* 5 *months*. Relieved by enemata and purgatives.

(iv) Simple stricture, 1; *male*, *æt.* 40. Attacks of abdominal pain of 5 years' duration. Laparotomy revealed multiple strictures of small bowel. Resection of one part for diagnostic purposes.

(v) Fæcal fistula, 4; 1 following laparotomy and colic in type; 1 colic following ventral hernia; 1 colic following acute obstruction.

Fatal case.—Female, *æt.* 18. Appendicectomy in September, 1921. Fistula formed and persisted. On admission general condition very poor. Fistula in right iliac fossa. Remittent temperature. Dead 3 months later. Post-mortem: General tuberculous peritonitis, miliary tuberculosis, meningitis.

Other fatal cases.

(1) *Female*, *æt.* 56. Acute abdominal pain with distension. Laparotomy revealed nothing abnormal. Death 6 days later. Post-mortem: Pneumonia, interstitial nephritis.

(2) *Male*, *æt.* 2 *days*. Atresia of colon. Ileostomy. No post-mortem.

(3) *Male*, *æt.* 45. Perforated jejunal ulcer following anterior gastro-jejunostomy in 1918. Death 4 days after operation. No post-mortem.

(*b*) Malignant.—17 cases, 5 fatal, 1 readmitted.

(i) Carcinoma of ileum, 1; *male*, *æt.* 34. Many years' intermittent attacks of colic and vomiting. On admission visible peristalsis in hypogastrium. X ray showed delay about ileo-cæcal valve. Laparotomy revealed a Lane's band and enterospasm of the small bowel. Readmitted with recurrence of symptoms. Laparotomy revealed three malignant strictures of ileum spread over 3½ ft. Involvement of mesenteric glands. Resection of 5 ft. of ileum and lateral anastomosis. Uneventful recovery.

(ii) Carcinoma of colon, 16. Site: Pelvic, 8; descending, 1; splenic flexure, 1; transverse, 2; ascending, 1; cæcum, 3. Palpable growth in 13. Resection, 6; permanent colostomy in 1, fatal 2; short circuit 4, fatal, 2; permanent colostomy, 4; 1 performed elsewhere; laparotomy, 1.

71. Appendicitis, Quiescent.

71 males, 75 females, 2 readmissions. Operation performed in all but 4

cases. 4 cases had small ovarian cysts, which were removed; 3 cases had a cæcopexy; 2 cases an inguinal, and 1 case a ventral hernia, which were radically cured; 1 case had gall-stones and cholecystotomy was performed; 1 case showed numerous adhesions, which were divided.

72. Appendix Abscess.

24 cases, 2 fatal, 10 readmitted (1 twice).

No operation, and gradual resolution, 2. Drainage 16, subsequent appendicectomy in 10; in one of these the appendix showed no macroscopic trace of disease whatever.

Drainage and appendicectomy, 6; fatal, 2.

Complications.—Pleurisy, 1; broncho-pneumonia, 1.

Fatal cases.

(1) *Male, æt.* 2 *years* 6 *months.* 5 days' history. Gangrenous perforated appendix found in a large abscess-cavity. Death on 3rd day.

(2) *Female, æt.* 20. 3 days' history. Abscess drained by grid-iron incision. 48 hours later developed obstructive symptoms. Battle incision. Gangrenous appendix removed. Pelvic abscess drained. Death 3 days later.

73. Acute Appendicitis.

191 cases, 7 fatal, 18 readmitted.

33 cases were treated medically; all these cases were of over 48 hours' duration and the majority had palpable masses. All resolved without operation. 13 were subsequently readmitted and the appendix removed. 158 cases were treated surgically.

Appendicectomy in 158; 6 fatal. 40 cases had peritonitis; 6 cases fatal. Only 13 cases had the peritoneal cavity drained; 1 fatal.

Residual abscesses opened, 5; discharged *per rectum*, 2.

Complications.—Pleural effusion, 1; intestinal obstruction, 1; broncho-pneumonia, 1; hæmaturia, 1; cyesis, 1; resolution without operation; uterine fibroid, 1. In 1 case a Meckel's diverticulum was removed at operation. In 1 case, *æt.* 1 *month*, an acutely inflamed appendix was present in the sac of a congenital inguinal hernia.

Case of interest.—*Male, æt.* 16. 48 hours' pain and tenderness in right iliac fossa. On admission the right side of the scrotum was hot, tender and painful. The testis was imperfectly descended. Inguinal canal opened. A hernial sac was found full of thick pus. Battle's incision; gangrenous appendix removed. Peritonitis. Both incisions drained. Uneventful convalescence. Readmitted 1 month later with residual pelvic abscess, which burst through the rectum.

Fatal cases.

(1) *Male, æt.* 12. 3 days' pain referred to right side of chest. No cough. No vomiting. On admission dulness and poor air-entry at right base. Dulness and tenderness in hepatic region. Irregular pyrexia. Drainage of subphrenic abscess 10th day. Drainage of empyema 24th day. Death 12 days later. No post-mortem.

(2) *Male, æt.* 37. Admitted with 24 hours' typical history. Retrocæcal perforated appendix. Death 3 days later. No post-mortem.

(3) *Male, æt.* 15. Admitted with 60 hours' typical history. Signs of

general peritonitis. Very collapsed and cyanosed. Gangrenous perforated appendix. General peritonitis. Death 24 hours later. No post-mortem.

(4) *Male, æt.* 10. Admitted with 48 hours' typical history. Acutely inflamed pelvic appendix with spreading peritonitis. Death 48 hours later. Post-mortem: General peritonitis.

(5) *Male, æt.* 30. Admitted with 14 days' history. Retrocæcal appendix. General peritonitis. Wound burst open 3 hours after operation. Resutured. Death 5 days later. No post-mortem.

(6) *Female, æt.* 3½. 48 hours' history. Perforated appendix. General peritonitis. Death 3 days later.

(7) *Female, æt.* 10. 6 days' history. Free perforated appendix. General peritonitis. Death 9 days later.

74. Colitis.

9 cases, 6 male and 3 female. 4 cases of acute colitis, 2 cases of chronic colitis, 2 cases of passage of large quantities of mucus with no blood; 1 case was in an infant.

Case of interest.—Male, æt. 1½. Breast fed for 3 months, then put on Nestle's; on admission had been on a varied and mixed diet for 6 months. One month before admission the child had an intense urticaria following a meal of sausage. Since then he had frequent stools, which latterly had become offensive. Œdema of legs and face was noticed for 24 hours before admission. Rapid improvement and disappearance of symptoms followed the administration of a suitable diet.

75. Intestinal Obstruction.

(*a*) Simple.—28 cases, 11 fatal, 2 readmitted.

(i) Holes in the mesentery, 2; fatal 1.

(ii) Adhesions, 4; fatal, 2; following acute appendicitis, 1; inguinal hernia, 1; 1 fatal case admitted moribund. Post-mortem: Multiple adhesions.

(iii) Stricture of ileum, 1. *Male, æt.* 15. Admitted in 1914 suffering from an acute intussusception due to a Meckel's diverticulum. Reduction having proved impossible, resection and axial anastomosis were performed. Patient was readmitted 28 days later with acute intestinal obstruction. Laparotomy revealed a piece of apple-core impacted at the site of anastomosis. Lateral anastomosis. Uneventful recovery. Admitted with 2 hours' history of acute abdominal pain of a colicky nature and vomiting. Visible peristalsis was present. The obstruction was relieved with dramatic suddenness by the administration of atropine and enemata.

(iv) Duodenal obstruction, 8; fatal, 3; readmitted, 1.

Case 1.—*Male, æt.* 43. Admitted with history of dyspepsia of 12 years' standing. Pain occurred about 1 hour after food, was felt in the epigastrium and right iliac fossa, referred through to the back. Epigastric tenderness and dilatation of the stomach were present. X ray revealed nothing abnormal. Operation showed constriction of the third part of the duodenum by the superior mesenteric vessels. Lateral duodeno-jejunostomy. Recovery.

Case 2.—*Male, æt.* 50. Admitted with history of indigestion of 30 years' duration. Pain in the epigastrium and back felt 1 hour after food and relieved

by vomiting. Tenderness in the epigastrium was present. X ray revealed a partial obstruction at or near the duodenum. Laparotomy. Constriction of the third part by the mesenteric vessels. Lateral duodeno-jejunostomy. Post-operative femoral thrombosis on left side and embolism of left lung. Recovery.

Case 3.—*Female, æt.* 60. Admitted with a history of dyspepsia of indefinite duration, but more marked in the last twelve months. Pain was noticed half an hour after food, and was associated with flatulence and distension. Appendicectomy 6 months previously without relief. X ray showed a persistent duodenal cap, and ? ulcer. Laparotomy. Constriction of third part by mesenteric vessels. Lateral duodeno-jejunostomy. Recovery. Readmitted 6 months later with recurrence of dyspeptic symptoms. Treated medically and relieved.

Case 4.—*Female, æt.* 29. Admitted with a history of epigastric pain occurring 2 hours after food, and of 2 years' duration. Epigastric tenderness was present, and X ray showed a persistent duodenal cap, suggesting ulcer. Neurotic element very prominent. Laparotomy. Constriction, but only in slight degree, by the mesenteric vessels. Lateral duodeno-jejunostomy. Recovery. Subsequently admitted to another hospital with recurrence of symptoms.

Case 5 (fatal).—*Male, æt.* 52. Admitted with a 12 days' history of vomiting and absolute constipation, associated with epigastric pain. The abdomen was moderately distended. No masses were palpable. The bowels were opened by aperients, but the vomiting continued. Laparotomy. Head of the pancreas found embracing and constricting second part of duodenum. Posterior gastro-jejunostomy. Death 24 hours later. Post-mortem: Dilatation of stomach; constriction of duodenum by head of pancreas.

Cases 6 and 7 (fatal).—Both cases of congenital atresia in infants, the obstruction being incomplete, located in the third part and without obvious cause.

(v) Bands, 10; fatal, 4. Due to tuberculous peritonitis, 1; salpingitis, 1; appendicitis, 2; in 1 fatal case the obstruction was due to a Meckel's diverticulum having twisted round the bowel. The bowel had perforated above the obstruction.

In all the remaining cases the obstruction was of the terminal ileum and located either in the pelvis or right iliac fossa.

In only 2 cases was resection of the bowel considered necessary; both proved fatal.

Case of interest.—Male, æt. 63. Admitted with a 24 hours' history of acute obstruction. Laparotomy showed a band in the right iliac fossa obstructing the ileum. Numerous other adhesions were present. Recovery. Readmitted 6 months later with 24 hours' history of similar nature. Laparotomy revealed strangulation of terminal ileum by a band of the pelvis. Intestine gangrenous. Resection and axial anastomosis. Death 12 hours later. Post-mortem: Multiple adhesions, fatty heart.

(vi) Enterospasm, 1.

(vii) Cause unknown, 1, occurring in a *female, æt.* 47, also the subject of myasthenia gravis, and relieved without operation.

(*b*) Malignant.—9 cases, 5 fatal.

Non-fatal cases.—3 were cases of growth in the pelvic colon and were relieved by transverse colostomy. 1 was due to growth at the hepatic flexure and relieved by lateral ileo-transverse colostomy.

Fatal cases.—1 due to growth at hepatic flexure. Cæcostomy. 2 due to growth of sigmoid; cæcostomy in both. 1 due to growth at top of rectum. Iliac colostomy with complete division of bowel and closure of distal end. Leakage from distal end. Peritonitis. 1 due to diffuse carcinomatosis.

(*c*) Intussusception.—15 cases, 1 fatal.

Cases in infants, 13; male, 9; female, 4. 2 cases in adult males, one of these being a chronic intussusception. All the remaining cases were acute.

Type: Ileo-cæcal, 4; ileo-colic, 6; cæcal, 3. Spontaneous reduction in 2 cases. Laparotomy was performed on all the cases; in one, an adult, resection proved necessary. 1 case burst on the 8th day on removing the stitches. Deep stab stitches had been used, but the peritoneal suture had obviously given way about the 3rd day. About 6 inches of small intestine prolapsed into the dressings. The abdomen was sutured half-an-hour later, and united without further complication.

Cases of interest.

(1) *Male, at.* 31. Acute intussusception. On admission at midday gave a history of violent colicky pain and vomiting of acute onset at midnight. Had previously had a similar attack, 12 months before, which passed off in 24 hours. The abdomen was slightly distended. Rectal examination revealed nothing, and no blood was present. A tumour was palpable to the right of the umbilicus, which hardened under the hand. Laparotomy revealed an acute intussusception of cæcal type, the apex having reached the transverse colon. No cause could be found. The earliest part was very œdematous, rendering reduction difficult, and a well-marked cæcal dimple was present. Recovery was rapid and uneventful.

(2) *Male, at.* 53. Chronic intussusception. Admitted with a history of 18 months' intermittent epigastric pain and vomiting. A mass was palpable in the region of the transverse colon. He had been admitted in 1921, and a diagnosis of inoperable carcinoma having been made, nothing was done. On readmission the condition remained unchanged. Laparotomy revealed a chronic intussusception with its apex in the transverse colon, the apex being formed by a carcinoma of the cæcum. The terminal ileum, ascending colon and hepatic flexure were resected with axial anastomosis. Uneventful recovery.

(3) *Male, at.* 3. Admitted with a 6 hours' history of colic, vomiting, and the passage of blood and mucus. A tumour was palpable to the right of the umbilicus. Laparotomy showed that spontaneous reduction had occurred. In January, 1923, 6 months later, was again admitted with an exactly similar history. A tumour was palpable under the liver. Laparotomy revealed a very tight ileo-colic intussusception with its apex in the transverse colon. Reduction. Uneventful recovery.

(4) *Female, at.* 9 *months.* Admitted with 24 hours' typical history. Tumour felt in the Out-Patient Department. Laparotomy showed œdema of terminal ileum, reduction having occurred.

Fatal case.—Female, æt. 10 *months.* Admitted with 48 hours' typical history. Laparotomy disclosed an irreducible ileo-colic intussusception with its apex in the transverse colon. Lateral ileo-transverse colostomy. Post-mortem: Gangrenous intussusception.

76. Rectum.

(*a*) Carcinoma.—37 cases, 4 fatal, 1 readmitted.

1 case had had an adenoma of the rectum removed in 1913, and 1 in 1920.

Recurrent cases, 1 in the pelvic floor and peritoneum, 2 in the scar of a previous perinæal excision.

One case also had a strangulated inguinal hernia.

Radical operations, 7; colostomy only, 18; laparotomy only, 3; previous colostomy, 1.

Fatal cases, 2 due to diffuse carcinomatosis, one of them following removal of rectum, 1 due to cachexia, and 1 to the bursting of a stercoral ulcer above the growth.

(*b*) Simple Stricture.—4. Following pelvic cellulitis, 1; gonorrhœa, 1; syphilis, 1.

(*c*) Prolapse.—5. No operation, 1; previous colopexy and excision, 1. Also osteo-arthritis of sterno-clavicular joint, 1.

(*d*) Polypi.—3.

(*e*) Hæmorrhage.—5. No local cause discoverable in any. Mitral disease, 1.

(*f*) Various.—5. Readmitted, 1; recto-vesical fistula, 1; recto-vaginal fistula, 1; gumma of rectum, 1; proctitis, 1; rectal pain, 1.

77. Hæmorrhoids.

102 cases, 3 readmitted.

Previous operations in 4, one 10 years, one 3 years, and two 2 years previously. Inflammation and prolapse, 2. Also anal fissure, 2; fistula, 1; aortic disease and enlarged prostate, 1; cirrhosis of liver, 1; prolapse, 4; phimosis, 1; perianal abscess, 2; sebaceous cyst, 1.

78. Fistula and Fissure-in-Ano.

(*a*) Fissure.—14 cases. Also hæmorrhoids, 3; diabetes, 1.

(*b*) Fistula.—18 cases. Readmitted, 1; infection proved to be tuberculous in 5.

79. Abdominal Pain.

78 cases, 46 male and 32 female, 2 readmissions. Probable diagnoses in some cases: Constipation, 7; renal colic, 4; appendicitis, 3; carcinoma of stomach, 2; cirrhosis of liver, 2; osteo-arthritis of lumbar spine, 1; lead colic, 1; abdominal adhesions, 1; food-poisoning, 1. 1 case had progressive muscular atrophy and another had chronic bronchitis. Several cases underwent exploratory laparotomies, but nothing abnormal was found.

80. Constipation.

42 cases, 15 male and 27 female. 1 readmitted with gastric symptoms. On both occasions he reacted to aperients.

Complications.—Severe abdominal pain, 4; dyspepsia, 2; fibrosis of

lung, 1; dysmenorrhœa, 1; slight pyloric obstruction, 1. 1 case followed severe dysentery.

81. Diarrhœa and Dysentery.

9 cases, 8 males (2 fatal), and 1 female (readmitted twice). 4 cases of amœbic dysentery, 1 fatal. Treated with either emetine hydrochloride or bismuth emetine iodide. 3 cases of diarrhœa, one of which gave a history of amœbic dysentery in 1908, and a second was possibly a case of cœliac disease. 1 fatal case, a child, *æt.* 8 *months*, admitted with diarrhœa and convulsions, had prolonged chloroform anæsthesia on account of the latter. Progress favourable at first, but child died on the 6th day after admission. Post-mortem showed delayed chloroform poisoning.

Case of interest.—Female, æt. 20 *months.* 4 months' diarrhœa and malaise noted; abdomen distended; no masses palpable. On examining the stools they were found to contain very numerous *Lamblia intestinalis*. Treated by castor oil, which caused temporary improvement. The parasite was never eliminated from the stools.

Fatal case.—Male, æt. 23: amœbic dysentery in 1917. Admitted with 1 month's history of pain in chest. On examination he was found to have a large right empyema; a rib was resected and a streptococcus was found in the pus. Progress was satisfactory and he was discharged. Patient was readmitted 14 days later, with sharp right-sided epigastric and thoracic pain, diarrhœa, and much discharge from the chest wound. There were signs of a right-sided pleural effusion. *Entamœbæ histolyticæ* were found in the pus. Commenced to improve at first, but then became rapidly worse. Post-mortem: Chronic amœbic dysentery; hepatic abscess and empyema.

82. Dyspepsia and Vomiting.

32 males (1 fatal), 16 females, 1 readmission. 2 had previously been operated on for duodenal ulcer, 1 for pyloric obstruction, 1 for gastric ulcer; 3 more had had operations (probably gastro-enterostomies). These cases were admitted complaining of dyspepsia, and were treated medically. 23 cases had test-meals; 2 showed hyperacidity (over ·35 per cent. free HCl); 19 were normal; 1 showed lactic acid present and no HCl; one no acid at all.

Opaque meals were given in 16 cases, including the 7 post-operative cases, and except for 3 which showed a persistent duodenal cap, these showed nothing abnormal. 4 cases gave a past history of hæmatemesis.

Cases of interest.

(1) *Female, æt.* 4. Has suffered from attacks of vomiting for 12 months; each lasting about 6 hours; she had had 7 attacks in all. Admitted with a 48 hours' history of persistent vomiting and constipation. The state on examination was entirely negative. The urine contained a large amount of acetone. The vomiting continued for 2 days and then ceased. Patient was quite fit on discharge. Diagnosis: (?) cyclic vomiting.

Fatal case.—Male, æt. 52. Gave a history of 10 weeks' diarrhœa, loss of weight and vague indigestion. There was no tenderness elicited, and no masses palpable on examination; nothing abnormal *per rectum*. Urine was normal. An anterior gastro-enterostomy was performed, but the patient

died. Post-mortem: Thickening of the pylorus found; no ulcer. Hæmorrhage into stomach and peritoneum.

83. Dysphagia.

2 male cases. Both had an œsophagoscopy performed, but *nil* abnormal was found.

84. Enteritis.

2 male cases, 1 fatal.

(1) *Male, æt.* 4. History of vomiting and passage of blood and mucus for 24 hours. A (?) tumour was felt in the right iliac fossa, but further examination under anæsthesia did not confirm this. Uneventful recovery.

(2) *Male, æt. 2 weeks.* Fed on Glaxo; had lost weight from birth. Erythematous eruption round mouth and on buttocks. Refused all feeds; died within 24 hours of admission. Diagnosis: Enteritis and (?) exfoliative dermatitis.

85. Abdominal, Various.

(*a*) Visceroptosis.—16 cases, 1 male, 1 readmission. 9 were given abdominal belts and 6 had exploratory laparotomies and fixation of various viscera. The following operations had been performed in a number of cases: Appendicectomy, 4; nephropexy, 1; gastropexy, 1; gastro-enterostomy, 1. The majority of cases were also suffering from chronic constipation.

(*b*) Abdominal Carcinomatosis and Retro-peritoneal Sarcoma.—7 cases, 4 male (2 fatal), 3 female. 5 cases of the former and 2 of the latter. 3 cases had exploratory laparotomies, and 1 case had 50 mg. of radium embedded for 24 hours.

The 2 *fatal cases*: One was generalized carcinomatosis, and the other an extensive lympho-sarcoma apparently arising from the abdominal glands.

(*c*) Various.—1 male and 2 female cases. Acute epiploitis, 2 cases; adenoma of umbilicus, 1 case. All treated by excision.

DISEASES OF THE DIGESTIVE GLANDS.

87. Salivary Glands.

(*a*) Parotid Tumour.—9 cases, 2 readmitted.

6 were endotheliomata, 1 hæmangioma, 1 recurrent carcinoma, and 1 cyst.

(*b*) Various.—10; readmitted, 1.

Salivary calculi, all in submaxillary gland or duct, 4; carcinoma of submaxillary gland, 1; submaxillary adenitis, 1; suppurative parotitis, 4.

88. Various Diseases of Liver.

(*a*) Cirrhosis of Liver.—14 cases, 11 male (4 fatal), 3 female (1 fatal), 1 readmission. Definite history of alcohol obtained in 6 cases; ascites present in 10; hæmatemesis in 1 case. Paracentesis performed in 7 cases. Wassermann reaction taken in 3 cases: 2 negative and 1 positive.

Case of interest.—Female, æt. 14. In May, 1920, patient had an acute illness, which was diagnosed as "jaundice and enlarged liver." From January, 1921, patient was in the Hospital for Sick Children, Great Ormond

Street, for 3 months. Recent history of very marked abdominal swelling and œdema of legs. No history of alcohol. On examination very marked ascites were present and the patient ran a slight intermittent temperature. The abdomen was tapped several times and finally a laparotomy was performed. A typical hobnail liver was found and there was considerable enlargement of the spleen. The Wassermann reaction was negative, and the fragility of the red blood-cells was normal. Patient continued to be tapped repeatedly and was ultimately taken home, where she died some 2 months after discharge.

(*b*) Various.—5 cases, 2 male and 3 female. Gumma of liver in 2 cases; Wassermann reaction + + + + in both; hydatid cyst in 1; carcinoma of liver in 2 cases, one primary and one secondary.

89. Cholelithiasis.

68 cases, 2 fatal, 4 readmitted. No operation, 9; proved typhoid infection of biliary passages, 2.

Complications.—Subphrenic abscess, 1; pneumonia, 1; mitral disease, 1.

Cases admitted for concomitant acute cholecystitis, 9. Recurrent cases as follows: 1 case had had cholecystostomy performed in 1914; 6 months' recurrence; stones found; cholecystectomy. 1 case had had cholecystectomy performed in 1921; choledochotomy for removal of stones. 1 case had had cholecystectomy in 1918. Admitted with biliary colic, jaundice developing 24 hours later. No operation.

Fatal cases.

(1) *Female, æt.* 60. Admitted with 4 months' typical history. Operation revealed a thickened gall-bladder full of stones. Cholecystectomy. Post-mortem: Extravasation of bile; fatty heart.

(2) *Female, æt.* 71. Admitted with 14 days' history of epigastric pain and dyspepsia. General condition very poor. Remittent temperature. No operation. Death on 10th day. Post-mortem: Chronic cholecystitis and gall-stones. Hæmorrhagic periostitis. Fatty heart.

90. Gall-Bladder, Various.

(*a*) Cholecystitis.—10. Previous cholecystostomy, 1918, and 1913 in 2 cases. No stones present in any.

(*b*) Carcinoma.—2, both fatal.

(1) *Female, æt.* 61. Admitted with dyspepsia of 4 months' duration. Liver palpable. Tender mass in region of gall-bladder. Laparotomy revealed carcinoma of gall-bladder with secondary deposits in liver. Microscopically a spheroidal-celled carcinoma. Wound burst open on the 8th day. Died 8 days later. Post-mortem: Carcinoma of gall-bladder containing stones. Diffuse carcinomatosis.

(2) *Female, æt.* 62. Admitted with jaundice of 3 weeks' duration. No operation. Post-mortem: Carcinoma of gall-bladder. No stones.

91. Jaundice.

9 cases, 5 male (1 fatal), 1 readmission, 4 female. 6 cases of catarrhal jaundice; in 1 the Wassermann reaction was positive; another had an exploratory laparotomy with a negative result. 1 case was probably due to

gall-stones; 1 case had considerable ascites and was tapped; ascites less on discharge; no masses felt.

Fatal case.—Male, æt. 43. Has always had a tendency to be jaundiced; no family history of jaundice. 1 year before admission had a gastro-enterostomy for duodenal ulcer; 5 months' malaise and definite jaundice, with some pain 2 hours after meals. On examination patient was very jaundiced; the spleen was palpable and reached half-way down to the umbilicus. Fragility of red cells slightly greater than normal. Urine contained bile. Blood-count = secondary anæmia. Operation performed and spleen removed, which was very large and adherent. Patient died a few days later. Post-mortem: Gall stones also present.

92. Carcinoma of Pancreas.

12 cases, 9 male (5 fatal), 3 female (2 fatal). 11 cases of carcinoma; secondary deposits in the liver in one; in the lungs in another. 1 case of acute hæmorrhagic pancreatitis in a *male, æt.* 66. He gave a 7 days' history of indisposition with abdominal pain. Profuse vomiting for 24 hours, no pain. On examination, tenderness and rigidity were present all over the abdomen. A laparotomy was performed and the above condition diagnosed; profuse hæmorrhage present in mesentery and over pancreas. Patient died 48 hours later. Post-mortem: Confirmation of above diagnosis.

93. Intestinal Parasites.

4 cases, 3 male and 1 female. Tapeworm, 3; ascaris and oxyuris infection, 1.

DISEASES OF THE PERITONEUM.

95. Tuberculous Peritonitis.

29 cases, 13 male (1 fatal) and 16 female. 6 cases had abdominal masses; ascites was present in 4. 7 cases had their appendices removed. 4 of these cases only had enlarged mesenteric glands. 2 cases showed signs of pulmonary tubercle.

96. Peritonitis, Various.

(*a*) Chronic, with Adhesions.—21, readmitted, 2.

Previous operations, 11; for perforated duodenal ulcer, 1; acute simple obstruction, 1; gastric ulcer and gastro-jejunostomy, 3; pylorectomy, 2; laparotomy, 1; appendicitis (quiescent), 2; acute appendicitis, 1; cholecystostomy, 1.

(*b*) Acute, of Undiscovered Origin.—13, 8 fatal.

HERNIA.

97. Hernia.

A. Inguinal.

(*a*) *Reducible.*—341 cases, 2 fatal, 4 readmitted (operation postponed owing to bronchitis). Bilateral, 24; no operation in 6; appendix in

sac, 7; direct herniæ, 5. Also hydrocele, 6; hæmorrhoids, 2; imperfect descent of testis, 8; varicocele, 6; chronic orchitis, 1; enlarged adenoids, 1; sebaceous cyst, 1; mitral disease, 1; appendicitis (quiescent), 1; urethral stricture, 2; phimosis, 2; varicose veins, 2; ganglion of wrist, 1; fibroma of epididymis, 1; reducible femoral hernia, 1; reducible umbilical hernia, 1; acute tonsillitis, 1.

1 case developed renal embolism on the 8th day after operation, with uneventful recovery, and in 1 case the small intestine was injured during operation, necessitating resection and axial anastomosis.

Fatal cases.

(1) *Male, æt.* 47. Bilateral Foster's operation; left on 10th day. Sudden death in a bath. Post-mortem: Pulmonary embolism.

(2) *Male, æt.* 60. Left Bassini's operation. Died 10 days later of cardiac failure.

(*b*) *Irreducible.*—8 cases. No operation, 1; hydrocele, 1; reducible inguinal hernia on opposite side, 2.

(*c*) *Strangulated.*—23 cases, 1 fatal. Also carcinoma of prostate, 1; imperfect descent of testis, 2; reducible inguinal hernia on opposite side, 2; reducible femoral hernia, 1.

One case developed obstruction due to a band on 14th day. Laparotomy. Lateral anastomosis. Recovery.

Fatal case.—Male, æt. 80. 12 hours' strangulation of enormous inguino-scrotal hernia of long standing. Bed-ridden for several years. Spinal anæsthesia. Two loops of small bowel very congested in sac. Sac full of thin pus. Excision of sac. Foster's operation. No drainage. Died suddenly on 8th day. Post-mortem: Hypostatic pneumonia. No peritonitis. Gut viable.

(*d*) *Recurrent.*—17 cases, 1 fatal, 1 bilateral; no operation in 3; appendix in sac, 1.

Fatal case.—Male, æt. 5. Excision of sac and tonsillectomy. Death 24 hours later. Post-mortem: Status lymphaticus.

B. Femoral.

(*a*) *Reducible.*—27 cases. Appendix in sac, 1.

(*b*) *Irreducible.*—15 cases. Ovary in sac, 1; bladder opened and sutured, 1. Also hydrocele, 1; salpingitis, 1.

(*c*) *Strangulated.*—17 cases, 3 fatal, males 2. Gut viable in all successful cases. One was a Richter's hernia, and the site of constriction was invaginated in 1 case. 3 of the successful cases were aged 76, 77 and 82 respectively.

Fatal cases.

(1) *Female, æt.* 63. 3 days' history. Gut viable; died 1 hour after operation.

(2) *Female, æt.* 62. 6 days' history. Gut gangrenous; resection; death on the table.

(3) *Female, æt.* 68. 3 days' history. Gut gangrenous; resection; death on 4th day. No post-mortem.

(*d*) *Recurrent.*—2. One 2 years, and one 1 year after previous operation.

C. Umbilical and Ventral.

(*a*) *Reducible and irreducible.*—10 cases. Umbilical, 21, no operation, 3; ventral, 19, no operation, 1; acute inflammation, 1; also ovarian cyst, 1.

(*b*) *Strangulated.*—7 cases, 2 fatal. Resection of ileum, recovery, 1.

Fatal cases.

(1) *Male, at.* 60. 2 days' history, viable gut, death 24 hours later. Post-mortem: No peritonitis. Atheroma of coronary arteries. Calcification of ventricle.

(2) *Female, at.* 60. Whole hernia gangrenous. Post-mortem: Gangrenous omentum in sac. General peritonitis.

(*c*) *Recurrent*, 4: all ventral herniæ.

D. Various.

(*a*) *Epigastric*, 5: also hæmorrhoids, 1.

(*b*) *Hydrocele of hernial sac*, 7: inguinal, 4; femoral, 3.

DISEASES OF THE LYMPHATIC SYSTEM.

98. Adenitis.

(*a*) Simple.—16 cases, 1 readmitted.

Situation.—Neck, 7; axilla, 6; groin, 3; no operation, 4.

(*b*) Tuberculous.—78 cases, 4 readmitted.

Situation.—Neck, 69; axilla, 5; groin, 1; neck and axilla, 2; neck and groin, 1. No operation, 3 cases; X rays in 1 of these; tonsillectomy, 3; previous operations, 17. Also cold abscess of arm, 1; spinal caries, 1; mitral stenosis, 1; acute tonsillitis, 1.

99. Malignant.

16 cases, 2 fatal, 4 readmitted (2 twice).

Situation.—Neck, 12; secondary to carcinoma of tongue, 3; floor of mouth, 1; breast, 1; lymphosarcoma, 1, no primary focus found, 6. Groin, 1. This case occurred in a *male, at.* 50, who 12 months previously had a carcinoma on the left side of the scrotum together with the glands in the left groin, excised. Recurrence occurred in the glands of the right groin 12 months later.

Diffuse lymphosarcomatosis, 3; fatal, 2; 1 case discharged after treatment with Coley's fluid. Glands in neck, both axillæ and groins were reduced in size.

Fatal cases.

(1) *Male, at.* 39. 1 month's history of lumps in groins and axillæ. On admission a mass was also present on the chest-wall. Blood examination showed a secondary anæmia. Rapid failure. Death on 17th day. Post-mortem: Growth all over thorax and abdomen.

(2) *Male, at.* 57. 6 months' pain in the neck and back with progressive emaciation. On admission signs of enlarged mediastinal glands. Blood-count normal. Death on 18th day. Post-mortem: Deposits in bronchial and abdominal glands.

100. Lymphatics.

Various, 2 cases.

Elephantiasis of scrotum, 1: elephantiasis of leg, 1; latter had Kondoleon's

operation performed 16 years previously. This was repeated with considerable benefit.

DISEASES OF THE DUCTLESS GLANDS.

101. Addison's Disease.

2 cases, 1 male and 1 female.

Case of interest.—Female, æt. 32. Gave a history of dyspepsia for 10 years. 5 years ago she had hemi-thyroidectomy performed for exophthalmic goitre. Has recently been complaining of severe dyspepsia and headaches. On examination the right lobe of the thyroid was considerably enlarged; fine tremor present in hands; pulse slow, *circa* 70. Blood-pressure on no occasion above 105; slight pigmentation on chest. Basal metabolism = + 7 per cent. Progress was satisfactory; no symptoms on discharge; blood-pressure still low.

102. Exophthalmic Goitre.

7 male cases (1 fatal), 49 female (3 fatal), 1 readmission. 29 cases were treated by partial removal of the thyroid gland; one was treated by X rays, and the rest by medical means. Quinine hydrobromide has been introduced and used with success; usual dose gr. v, *t.d.s.* Mitral stenosis was present in 1 case; 3 others showed auricular fibrillation. The basal metabolic rate was estimated in 30 cases; it varied between + 5 per cent. and + 107 per cent.; the average was + 47 per cent. One case showed marked signs of tetany following an operation; this improved with the administration of parathyroid. Another case showed evident signs of myxœdema some months after operation.

Fatal cases.—1 *male*, died of heart failure; had had symptoms for 2 years, which had recently become much worse. 3 *females*, 2 died shortly after operation, the third after a 2 years' illness of gradually increasing severity.

103. Thyroid, Various.

(*a*) Adenoma, 46 cases. Toxic symptoms, 4; previous operation, 2. Also reducible inguinal hernia, 1; lipoma of axilla, 1; mitral stenosis, no operation, 1.

(*b*) Parenchymatous Goitre.—11. Toxic symptoms, 2; puberty goitre, 2; previous operation, 1.

(*c*) Malignant.—4, 1 fatal. All carcinomata. Operation and partial thyroidectomy, 1.

Fatal case.—Male, æt. 54. Admitted with 2 years' history of tumour in the neck. Dyspnœa. Large mass of secondary glands on both sides of neck. Treated with radium without relief. Gradual failure. No post-mortem.

(*d*) Various.—6. Myxœdema, 5; gumma, 1.

104. Various.

6 cases, 2 male and 4 female.

Cases of interest.—2 cases of polyglandular dystrophy: *Male, æt.* 56, complained of palpitation for 40 years; sweats and flushes much, and

frequently has a marked tremor. Some polyuria, constipation and vague pains. On examination he was found to have some exophthalmos; pulse-rate was usually show, but variable. Blood-pressure *circa* 100. Secondary sexual characteristics normal. Intermittent glycosuria and albuminuria; blood-sugar, ·12 per cent. Basal metabolism, + 22 per cent. Condition on discharge, *in statu quo.*

1 case showing Fröhlich's syndrome. *Male, æt.* 10. Typical case. Basal metabolism — 12 per cent.

1 case of myxœdema, *female, æt.* 15.

1 case of cyst of spleen in a *child, æt.* 4. Removed by operation.

1 case of acromegaly in a *female, æt.* 40. Showed polyuria and glycosuria; treated by diet. Discharged on 15th day diet (MacLean's), her urine containing no sugar.

DISEASES OF THE GENITAL SYSTEM.

105. Diseases of the Breast.

(*a*) Inflammatory.—42 cases.

Chronic mastitis, 38; bilateral, 6; one case in a *male, æt.* 69.

Acute mastitis, 2; subacute mastitis, 1; clinically appeared tuberculous, but due to infection with a staphylococcus. Cyst of breast, 1.

(*b*) Simple Tumours.—22 cases. Fibro-adenoma, 15; duct papilloma, 6; cystadenoma, 1.

(*c*) Malignant Tumours.—85 cases, 1 fatal, 7 readmitted.

All were carcinomata. Bilateral, 1; recurrent, 10; microscopically columnar-celled, 3; squamous-celled, 1; remainder spheroidal-celled.

1 case was associated with fibro-adenomata of both breasts. Post-operative treatment with X rays, 15; Paget's eczema of nipple, 2; associated with lactation, 2.

Fatal case.—Female, æt. 69. Radical operation. Wound failed to heal. Post-mortem: Septicæmia.

106. Testicle, Undescended.

17 cases. No operation, 7; cure of coexistent inguinal hernia, 4.

107. Testicle and Epididymis.

(*a*) Simple Inflammatory, 7; due to *B. coli*, 1; gonococcus, 2.

(*b*) Tuberculous.—12, readmitted 1. Bilateral, 5.

(*c*) New Growth.—3, 1 fatal. Carcinoma, 1; lipoma of epididymis, 1.

Fatal case.—Sarcoma with abdominal secondary deposits.

108. Processus Vaginalis.

(*a*) Hydrocele of tunica vaginalis, 19; bilateral, 2; also varicocele, 1.

(*b*) Hydrocele of the cord, 5; previous herniotomy, 1.

109. Diseases of the Ovary.

(*a*) Cysts, Simple and Multiple.

Simple, 7 cases, in 2 of which no operation was done; in the others the cyst was removed. 1 case had a twisted pedicle; in 1 case appendicectomy was also done.

Cystic adenoma, 10 cases, all treated by removal; of these 2 had the other ovary removed also, and one the tube; 2 had twisted pedicles; 1 case was associated with pregnancy.

Papilliferous cysts, 2 cases, 1 bilateral, treated by removal.

Papilliferous cystic adenoma.—2 cases, treated by removal; in 1 of these the other ovary was removed and a complete hysterectomy done.

Teratoma.—4 cases, treated by removal; of these 1 was suppurating, 1 had a twisted pedicle; in 1 the tube was removed.

Blood-cysts.—3 cases, treated by removal; in 1 of these the condition was bilateral, and in this and another case subtotal hysterectomy was done; in the third case the cyst had ruptured and appendicectomy was done also.

(*b*) Malignant Diseases and Other Diseases.

Carcinoma.—9 cases; of these 3 cases were found inoperable on laparotomy; in the rest the growth was removed; in 2 the other ovary was also removed, and in 1 of these complete hysterectomy was also done; in 1 case an irreducible umbilical hernia was treated by radical cure.

Fibroma.—1 case; the pedicle was twisted; both ovaries and tubes were removed.

Malignant papilliferous cyst.—1 case, complicated by biliary obstruction; the growth was removed and cholecystostomy done; the patient died.

Adenoma of broad ligament.—1 case, treated by removal.

2 cases were examined under anæsthetic and diagnosed prolapsed ovary.

110. Salpingitis.

Unilateral in 7 cases; in 2 of these no operation was done; in the rest the tube was removed; in 2 the ovary was also removed, and in 1 of these myomectomy was done; in 1 case the appendix was also removed.

Bilateral in 9 cases. 2 cases were acute; 1 of these was treated by drainage and appendicectomy, in the other the peritoneum was swabbed and the wound closed. The other 7 cases were treated by removal of the tubes; in 1 subtotal hysterectomy was also done; in 2 both ovaries were removed, in 2 one ovary was removed.

111. Ectopic Gestation.

3 cases of tubal rupture treated by salpingectomy. 5 cases of pelvic hæmatocele treated by removal of the tube; in 3 of these the ovary was removed, and in 1 the other tube and one ovary.

1 case of tubal mole treated by salpingectomy.

1 case of suspected tubal mole examined under anæsthetic.

2 cases of advanced extra-uterine gestation treated by laparotomy; 1 died of severe hæmorrhage, and the other of peritonitis.

112. Menstrual Disorders.

(*a*) Menorrhagia and Metrorrhagia.—21 cases of menorrhagia; 16 of these were treated by dilating and curetting only; in 2 cases radium was applied also; in 1 case with fibrotic uterus total hysterectomy was done and one tube removed; 2 cases had palliative treatment only.

22 cases of metrorrhagia; 14 of these were treated by dilating and curetting only; in 3 radium was applied also; in 1 radium alone was used; in 1 with

fibrotic uterus complete hysterectomy was done, and one tube removed; 3 cases had palliative treatment only. 5 cases of post-climacteric hæmorrhage, all of which were treated by exploration.

(*b*) Dysmenorrhœa.—20 cases in all; 19 of these were treated by dilating and curetting; of these 7 suffered from sterility also. 1 case was examined under an anæsthetic.

(*c*) Various.—1 case of amenorrhœa, treated by dilating and curetting.

113. Pregnancy and its Disorders.

(*a*) Abortion.—13 cases of incomplete abortion treated by evacuating the uterus.

1 case of inevitable abortion treated by evacuation of the uterus.

4 cases of threatened abortion treated by rest; 1 of these was examined under an anæsthetic; 1 suffered from phthisis.

1 case of cystic mole, treated by emptying the uterus.

1 case of premature labour at 27 weeks in a patient with chronic nephritis.

6 cases of complete abortion, treated by rest; 1 of these was examined under an anæsthetic.

(*b–i*).—See Mary Ward report.

114. Diseases of the Body of the Uterus.

(*a*) Endometritis.—6 cases in all, of which 2 were chronic endometritis and 4 senile endometritis; all were treated by dilating and curetting.

(*b*) Fibromyoma.—53 cases in all. Subtotal hysterectomy was done in 23; in 2 of these one appendage was removed, in 2 both appendages, in 1 both tubes and one ovary; 1 case had also an ovarian cyst; in 1 case acute obstruction developed later, and at the second operation the appendix was removed.

Complete hysterectomy was done in 17 cases; in 6 of these one appendage was removed, in 5 both appendages; in 1 of the latter bilateral salpingitis was present, Myomectomy was done in 5 cases; 3 cases were submucous and were removed by morcellation or enucleation; 1 case was treated by dilating and curetting; in 4 cases no operation was done.

(*c*) Polypus.—7 cases in all, of which 6 were fibroid and 1 mucous; the latter was treated by removal and curetting; of the 6 former, 3 were treated by removal; in 1 of these there was also a vaginal cyst, in another suppuration; 3 cases were treated by curetting as well as removal.

(*d*) Malignant Disease.—8 cases of carcinoma and 1 of suspected carcinoma; in the latter examination of curettings was inconclusive.

Wertheim's operation was done in 1 case; complete hysterectomy was done in 2 cases, in 1 of which both ovaries were involved, and were removed with the tubes; 1 case was explored and found inoperable; radium was inserted in 1 case; 1 case had carcinoma of one ovary; the appendage was removed, and the uterus curetted; 1 case was curetted and had radium inserted; 1 case had a second application of radium.

(*e*) Various.—1 case of double uterus and septate vagina treated by removal of one half and excision of the septum; 1 case of adenomyoma treated by complete hysterectomy and removal of both appendages; 1 case

of sarcoma, at first thought to be submucous fibromyoma, and treated by myomectomy; complete hysterectomy later.

115. Diseases of the Cervix.

(*a*) Carcinoma.—23 cases were inoperable; 22 of these were treated with radium only, in 1 no operation was done; 1 case had also carcinoma of the ovary. Of the 24 other cases, Wertheim's operation was done in 10 cases. Complete hysterectomy was done in 2 cases; in 1 of these which had a urethro-vaginal fistula nephrectomy was done.

Subtotal hysterectomy with removal of appendages and application of radium was done in 1 case. There were 5 cases of recurrent growth after previous operation; 3 of these were treated with radium, and 2 had no direct treatment. In 2 cases carcinoma was suspected only, and radium applied. In 1 other doubtful case a curetting only was done. In 2 cases no operation was performed.

(*b*) Various.—7 cases of cervical polypi treated by removal; in 2 of these the uterus was curetted. 4 cases of lacerated cervix, in 2 of which a part was removed and found not malignant; 2 were not treated. 4 cases of cervical erosion treated by application of antiseptics; 1 of these was also scraped, and in 1 a part was removed and found not malignant. 1 case of sterility and leucorrhœa treated by dilating and curetting.

116. Pelvic Inflammation.

2 cases of pelvic peritonitis, 1 treated by removal of an appendage and drainage, the other by removal of both appendages, myomectomy and appendicectomy. 1 case of pelvic inflammation treated by palliative measures. 1 case of pelvic abscess treated by posterior colpotomy and drainage.

117. Vagina and Vulva.

1 case of vaginal cyst, excised. 1 case of senile vaginitis, examined under anæsthetic and the uterus curetted. 2 cases of hæmatocolpos, incised. 1 case of epithelioma of vulva treated by excision and radium. 2 cases of recurrent carcinoma of vulva, 1 treated by radium only, and 1 by excision followed by radium. 1 case of Bartholin's cyst, and 3 cases of Bartholin's abscess all treated by excision. 12 cases of urethral caruncle, of which 1 was treated by excision, 8 by excision and cautery, 1 by electrolysis and cautery, 1 by cautery only, while 1 had palliative treatment. 1 case of papillomata of vulva, which had palliative treatment. 1 case of adhesion of labia majora, treated by separation. 3 cases of pruritis vulvæ, of which 2, including a diabetic, were treated with radium, and 1 by local application of drugs.

118. Ruptured Perinæum.

1 case of incomplete rupture and 7 of complete rupture were repaired. 1 case was not operated on, on account of suspected pregnancy.

119. Prolapse and Displacements.

Complete procidentia, 11 cases; of these anterior colporrhaphy and posterior colpoperinæorrhaphy were done in 9 cases, in 3 of which they were combined with amputation of the cervix, in 1 with ventral fixation, and in 1

with subtotal hysterectomy and ventral fixation of stump. In 2 cases colpoperinæorrhaphy was done, combined with amputation of cervix and ventral fixation in 1 case.

Prolapse of uterus and vaginal walls, 3 cases; anterior colporrhaphy and amputation of cervix were done in all, and in 2 colpoperinæorrhaphy; in 1 perinæorrhaphy was also done.

Retroversion.—16 cases; 12 of these were treated with pessaries; 2 had no treatment; in 1 the uterus was curetted; in 1, complicated by prolapse, colpoperinæorrhaphy and ventral suspension were done:

Uterine prolapse, 1 case, no details.

Prolapse of Vaginal Walls.—3 cases; 1 had anterior colporrhaphy and colpoperinæorrhaphy done; 1 had no treatment; in 1 a pessary was inserted. Cystocele and rectocele in 6 cases; in 1 anterior colporrhaphy and perinæorrhaphy were done and Bartholin's cysts excised; 1 had no operative treatment; in 4 anterior colporrhaphy and perinæorrhaphy were done.

Cystocele.—7 cases, in 4, 2 of which had also uterine prolapse, anterior colporrhaphy and posterior colpoperinæorrhaphy were done; in 2 cases pessaries were put in; 1 case had also a long, lacerated cervix, which was amputated, and anterior colporrhaphy and posterior colpoperinæorrhaphy performed.

Rectocele.—16 cases; posterior colpoperinæorrhaphy was done in 14; in 1 of these complete hysterectomy was done later for carcinoma discovered by the microscope; in 2 cases the uterus was also curetted for metrorrhagia and menorrhagia; in 2 cases a urethral caruncle was removed also. Perinæorrhaphy was done in 1 case and a lacerated cervix amputated. In 1 case an old ruptured perinæum was repaired.

120. Genital, Various.

13 cases of abdominal pain without discoverable cause; 5 of these were examined under anæsthetic, and 1 of these was also curetted; the rest had palliative or no treatment. 1 case diagnosed as intestinal stasis after examination under anæsthetic; 5 cases of pelvic pain, 3 of which were examined under anæsthetic and 1 subsequently explored. 4 cases of leucorrhœa, 2 of which were curetted, and 1 had an old pessary extracted under anæsthetic. 1 case of pulmonary tubercle, which was transferred. 1 case of abdominal carcinomatosis, which was explored; 1 case of dysuria, palliative treatment. 1 case of recurrent abdominal carcinoma. 1 case of chronic appendicitis treated by appendicectomy. 1 case of dyspareunia treated by dilating the vagina and curetting the uterus. 3 cases of sterility treated by dilating and curetting. 2 cases of tuberculous peritonitis treated by laparotomy. 1 case of sinus of perinæum and anal polyp, treated by curetting and removal.

DISEASES OF THE URINARY SYSTEM.

121. Mobile Kidney.

8 cases, 1 readmitted. Nephropexy, 4, suture to the last rib, 2, to the muscles of the back, 2; hydronephrosis present in 1.

122. Renal Calculus and Colic.

(*a*) Calculus.—26 cases, 2 readmitted. Bilateral calculi, 2. Also reducible femoral hernia, 1.

Cases of interest.

(1) *Female, æt.* 34. Calculous pyonephrosis on the right side, nephrectomy in 1911. Fixation of left kidney, 1912. Admitted with 4 weeks' history of lumbar pain on the left side and hæmaturia. Acute renal colic 7 days previously. Vomiting and anuria 48 hours. Tenderness and rigidity were present in the left loin. X ray showed a calculus 2 in. below the renal pelvis. Lumbar incision, and stone removed. Uneventful recovery.

(2) *Female, æt.* 54. Nephropexy for hæmaturia, 1908. Pyelolithotomy on left side, 1910. Repeated in 1916. Had passed numerous stones since last operation. On admission gave a history of 6 weeks' left lumbar pain, frequency and hæmaturia. *B. coli* bacilluria was present. Renal efficiency was good. X ray showed stones in the bladder, lower end of the ureter, and left renal pelvis. Pyelolithotomy and litholapaxy. Ureterolithotomy by median incision and extraperitoneal approach 10 days later. Uneventful recovery.

(*b*) Colic.—13 cases, 1 readmitted.

Previous nephrolithotomy with no present evidence of stone, 1; pelvic hydronephrosis, 1.

123. Hydronephrosis.

4 cases, 1 readmitted. 1 case due to an aberrant renal artery.

Case of interest.—Male, æt. 16. On admission 12 months' history of attacks of acute pain in left loin and abdomen. A large tumour resembling an intussusception was present in left lumbar and iliac regions. Nothing abnormal was detected in the urine. Median laparotomy. Huge congenital renal hydronephrosis discovered. Nephrectomy across the peritoneal cavity. Recovery.

124. Pyonephrosis.

7 cases. Small stone at top of the ureter, 1; aberrant renal vessel, 1; previous nephropexy, 1. No evidence of tuberculosis in any case. 4 were examined microscopically, and the renal tissue showed chronic nephritis in all. Nephrectomy was the treatment in all cases.

125. Kidney and Ureter, Various.

(*a*) Pyelitis.—12 cases. Due to *B. coli*, 9. Treated by vaccine, 1.

(*b*) Tumour.—8, 4 fatal.

Carcinoma, 1; sarcoma, 1; teratoma, 1; hypernephroma, 5.

Fatal cases.

(1) *Male, æt.* 47. Admitted with 6 months' history of loss of weight and lumbar pain. Mass present in left loin. Nephrectomy. Tumour found to be invading renal vein. Pathological report: Hypernephroma. Death 28 days after operation. Post-mortem: Inferior vena cava full of growth. Growths in liver and perinephric tissue.

(2) *Male, æt.* 46. History of three attacks of hæmaturia in 2 years. Hypernephroma of right kidney removed by abdominal nephrectomy. Death from pneumonia 7 days later.

(3) *Male, æt.* 47. 12 months' increasing weakness of left side of body. Craniotomy. Removal of tumour weighing 53 grm. from right frontal lobe. Good functional recovery. Death 3 months later. Post-mortem: Sarcoma of kidney, spindle-celled. Secondary deposits in liver and brain.

(4) *Female, æt.* 7 *months.* Teratomata of both kidneys.

(*c*) Tuberculous Kidney.—6 cases. Bilateral in 1 and associated with active pulmonary tuberculosis. Nephrectomy in 5 other cases. 1 case of disease of right kidney had had a tuberculous testicle on left side removed 3 years previously.

(*d*) Various.—5 cases. Perinephric abscess secondary to disease of kidney, 4; one case developed bilateral femoral thrombosis 9 days after opening abscess. Bilateral cystic kidney, 1.

126. Acute Nephritis.

27 cases, 20 male (1 fatal), 7 female, 2 readmissions. 2 cases followed immediately after acute tonsillitis. The blood-urea was estimated in the majority of cases; this was usually high (over 100 mg.) during the acute attack, but tended to fall rapidly after the first few days. The plasma phosphates followed the same course.

Cases of interest.

(1) *Male, æt.* 16; had extensive and severe operations on left chest on many occasions, following an empyema in November, 1918. Had noticed urine was of dark colour for 1 week before admission. On examination he was seen to have a pallid appearance; œdema and ascites were present. The urine contained much albumen, blood, hyaline and epithelial casts. Liver and spleen not palpable. Somewhat improved on discharge. Diagnosis lay between acute nephritis and amyloid disease.

(2) *Female, æt.* 14; readmitted with acute nephritis. The interest of the case lies in the fact that she had had her spleen removed in 1921 for acholuric jaundice. Fragility of red cells still markedly greater than normal.

(3) There were 2 cases of acute nephritis admitted within 3 weeks of one another. They were brothers, aged 9 and 3. There was no history of any previous infectious or other illness.

Fatal case.—Male, æt. 8. Post-mortem showed a condition of terminal peritonitis, which could not be traced to any bowel lesion.

127. Chronic Nephritis.

33 cases, 17 male (7 fatal), 16 female (4 fatal), 1 readmission.

Complications of living cases: uræmia, 2; albuminuric retinitis, 3; asthma, 1; 2 cases followed scarlet fever.

Causes of death in fatal cases: uræmia and uræmic fits, 6; heart failure, 3; broncho-pneumonia, 1; œdema of larynx and lungs, 1.

Case of interest.—Female, æt. 19. Had influenza in February, 1922, and since has complained of œdema of the ankles, which later became generalized. Also complained of headaches and considerable malaise. The urine was loaded with albumen and contained many epithelial and granular casts. The heart was normal and not enlarged. There was no urea retention when patient was first admitted, but this gradually increased with each successive estimation. The blood-pressure gradually increased up to 180 mm.; the

right kidney was decapsulated, but this gave no relief. Patient ultimately died of œdema of lungs and larynx. Post-mortem: Subacute parenchymatous nephritis. A section of kidney showed considerable interstitial change in addition.

128. Vesical Calculus.

5 cases. 1 subsequent to prostatectomy 8 months previously. 1 case followed by persistent fistula.

129. Vesical, Various.

(*a*) Carcinoma.—3 cases. Partial cystectomy, 2. Exploration showed third case to be inoperable; treated by permanent suprapubic fistula.

(*b*) Papilloma.—14 cases, 4 readmitted, 7 recurrent cases.

Case of interest.—Male, æt. 52. Previous suprapubic excision in November, 1920. Treated with radium throughout 1921. Suprapubic excision of 4 papillomata, January, 1922. Admitted in May. Right ureter transplanted into cæcum, left into pelvic colon at an interval of 3 weeks. Died 2 months after discharge.

(*c*) Cystitis.—16 cases, 1 fatal. Tuberculous, 4, one of which was treated by defulgurization. Due to *B. coli*, 3.

Fatal case.—Male, æt. 13. Cystitis and pyelitis. Post-mortem: Uræmia.

(*d*) Various.—Diverticulum of bladder, 1.

130. Prostate.

(*a*) Simple Enlargement.—39 cases, 8 fatal.

Admitted with acute retention 13, three of which were fatal.

Fatal cases.—Suprapubic cystotomy only, 4; two-stage prostatectomy, 2 one-stage prostatectomy, 2.

(*b*) Carcinoma.—11 cases, 2 fatal, 2 readmitted.

Admitted with acute retention, 2. Treatment: Suprapubic cystotomy only, 5, one of which proved fatal. Two-stage prostatectomy 2, one of which was fatal. One-stage protatectomy 1. 4 cases were treated with radium.

(*c*) Various.—1 case.

Male, æt. 20. Furunculosis of face 14 days before admission. 6 days' pyrexia with rigors, associated with frequency and perinæal pain. Prostate very tender. Urine yielded *Staphylococcus aureus*. Treated with autogenous vaccine.

131. Urethra and External Genitalia.

(*a*) Phimosis.—18 cases. Paraphimosis, 1; enlarged tonsils, 1; urethral stricture, 1; imperfect descent of testis, 1.

(*b*) Carcinoma of Penis.—2 cases. Amputation at peno-scrotal junction with clearance of glands in both groins in each case.

(*c*) Various.—2, 1 fatal. Calculus impacted in penile urethra and removed by external urethrotomy, 1.

Fatal case.—Male, æt. 73. Gangrene of penis.

132. Urethral Stricture.

50 cases, 4 fatal, 2 readmitted.

Admitted with acute retention, 17, 2 of which were fatal. Traumatic 6, of which 2 were in the bulb, 2 penile, and 2 followed previous prostatec-

tomy. Also enlarged prostate, 3; epithelioma of lip, 1; pelvic abscess, 1; periurethral abscess, 1; perinæal fistula, 1.

Fatal cases.—Extravasation of urine, 2. Pyelonephritis and uræmia, 2.

133. Urinary, Various.

(*a*) Hæmaturia.—10 cases. 1 due to oxaluria.

(*b*) Albuminuria.—4 cases.

(*c*) Various.—6 cases, 1 readmitted.

Frequency, 2; pyuria, 1; oxaluria, 1; dysuria, 2.

DISEASES OF THE MUSCULAR SYSTEM.

134. Muscles.

4 cases, 2 male, 2 female (both fatal).

(i) 3 cases of Myasthenia Gravis: 2 died, both of hypostatic pneumonia.

(ii) 1 case of Myotonia Atrophica. *Male, at.* 40. He gave a 3 years' history of weakness in arms; for many years he had noticed a difficulty in relaxing his grip. On examination his central nervous system was found to be normal.

Muscular System.—Face muscles weak; no difficulty in swallowing; arm muscles wasted and very weak. Myotonic reaction well marked. In the legs the muscular weakness was less marked, but showed plainly in the anterior tibial and peroneal groups. He was able to walk fairly well. Wassermann reaction negative. Some improvement on discharge; he was treated with strychnine.

DISEASES OF BURSÆ AND TENDONS.

135. Bursæ and Tendons.

(*a*) Chronic Bursitis.—16 cases. Prepatellar, 7; semi-membranosus, 7; subdeltoid, 1; bicipital, 1.

(*b*) Acute.—6 cases. Acute bursitis, 4; olecranon, 2; prepatellar, 1; trochantric, 1; acute tenosynovitis of forearm, 2.

(*c*) Tuberculous.—2 cases. Compound palmar ganglion, 1; prepatellar bursitis, 1.

(*d*) Ganglion.—5 cases. Wrist, 2; foot, 2; finger, 1.

DISEASES OF THE OSSEOUS SYSTEM.

136. Periostitis.

8 cases. Situation: Mandible, pyogenic, 2; tibia, pyogenic, 1; syphilitic, 1; ribs, tuberculous, 1; typhoid, 1; ulna, pyogenic, 1; femur, syphilitic, 1.

137. Osteomyelitis.

34 cases, 3 fatal, 3 readmitted (one twice).

Acute, 7 cases, fatal, 3.

Situation.—Fibula, 3, 2 at lower end due to staphylococci and streptococci respectively, 1 at upper end due to staphylococci, subsequently readmitted for sequestrotomy.

Humerus: 2, both upper end and due to staphylococci, one readmitted for sequestrotomy; one a fatal case, *male*, *æt.* 7, died 12 hours after admission from toxæmia.

Tibia, 1, fatal, *male*, *æt.* 12, due to staphylococci. Whole diaphysis dead. Amputation. Death from pyæmia.

Femur, 1, fatal, *male*, *æt.* 42, lower end due to staphylococci. Large popliteal abscess. Death on 16th day from pyæmia.

Chronic, 23 cases: 10 had previously been admitted in the acute stage.

Situation.—Tibia, 13 (also femur, 1; tibia, 1). Femur, 8 (also fibula, 1; humerus, 1). Radius, 1. Ulna, 1.

Tuberculous cases, 4. Tibia, 1. Metatarsal, 1. Phalanges, 2.

Case of interest.—Female, *æt.* 29. Admitted with a central abscess at the lower end of the tibia of 3 months' duration. Opened, thick pus evacuated, wound closed. Healed. 2 months later broke down. Curettage and examination of granulation-tissue showed tuberculous disease. No improvement after 3 months' immobilization. Amputation through the leg. Uneventful recovery.

139. Caries.

(*a*) Spinal.—14 cases, 1 fatal, 1 readmitted.

Dorsal, 7; lumbar, 6; cervical, 1. Abscess present in 11. Albee's operation in 2, both in lumbar region. Also tuberculous arthritis of wrist and glands of neck, 1. Fistula-in-ano, 1. Tuberculous arthritis of hip, 1.

Fatal case.—Male, *æt.* 13. Admitted with a history of pains in the neck of 3 months' duration. Tenderness and rigidity in cervical region. Central nervous system normal. Cold abscess in left foot. X ray showed caries of 3rd and 4th cervical vertebræ. 3 months later developed compression paraplegia. Died 4 months after admission. Post-mortem: Caries upper 5 cervical vertebræ. Disorganization of atlanto-axial joints. Retro-pharyngeal abscess. Compression of cord in front of 5th cervical vertebræ by a button of granulation-tissue.

(*b*) Various.—8 cases, 1 readmitted. Rib, 4; great trochanter, 1; metacarpus, 1; ischium, 1; sternum, 1.

140. Necrosis.

19 cases, 2 readmitted.

Mandible, 7; one following fracture, remainder following dental infection; phalanges, 3; femur, 2, both following fracture; radius, 1, following gunshot wound; tibia, 1, following fracture; ilium, 2; ischium, 1; palate, 2; syphilitic, 1; dental infection, 1.

141. Tumours.

(*a*) Simple.—12 cases, 1 readmitted.

Ecchondroma of humerus, 1; enchondroma of metacarpal, 1; cancellous osteoma of tibia, 1; of femur, 1; hard osteomata of os calcis, 4; subungual, 2; of external auditory meatus, 2.

(*b*) Sarcoma.—5 cases, 2 fatal, 1 readmitted.

Fibro-sarcoma lower end of femur, 1; round-celled upper end of tibia, 1; sarcoma of mandible, 1. Fatals: spine, 1; chondro-sarcoma lower femur, 1.

Case of interest.—Male, *æt.* 14. Admitted with a history of alveolar

abscess some months previously, and a blow on the upper end of the right tibia 4 months previously with 6 weeks' increasing pain at the site of the blow. Thickening of upper and inner aspect of tibia. Very hard and tender on pressure. Pulsation present in the centre. Knee-joint normal. X ray indicated malignant disease. Exploration, diathermy and insertion of radium for 1200 mg. hours on 4.8.22. Fresh insertion of radium 3600 mg. hours. 12.8.22. Pathological report on tissue removed: Round-celled sarcoma with surrounding periostitis. For a long time the diagnosis between an inflammatory lesion and a central sarcoma had been dubious. Discharged 6.9.22.

Readmitted 2.10.22, having suffered some pain at the site of operation since discharge. A sinus was still present. A nodule was present in the skin, close to the scar. Enlarged inguinal glands were palpable. X ray showed no evidence of secondary deposits in the chest. Excision of inguinal glands and insertion of radium 1500 mg. hours 12.10.22. Pathological report on glands: Chronic inflammation. Amputation lower third of thigh 3.11.22. Pathological report on tibia: Round-celled sarcoma. Discharged 24.11.22.

(*c*) Myeloid Sarcoma.—3 cases. Upper tibia, 2; Stokes-Gritti's amputation, 1; through the hip-joint, 1.

Case of interest.—Male, at. 63. Admitted with a tumour which clinically and at operation appeared a typical enchondroma of a phalanx of the left hand. Pathological report was myeloid sarcoma.

(*d*) Carcinoma.—1. Secondary deposits in spine.

142. Bones, Various.

4 cases. Osteo-sclerosis, 1; central gumma of clavicle, 1; osteitis deformans, 1; fragilitas ossium, 1.

143. Amputation Stumps.

2 cases. Painful stump of thigh, 1. *Male, at.* 66. Amputation through thigh, 1914. Excision of false neuromata 1915; excision of sciatic nerve 1917; posterior rhizotomy 1919; laminectomy and division of anterolateral tract. Pain still unrelieved.

DISEASES OF THE ARTICULATORY SYSTEM.

144. Shoulder.

(*a*) Tuberculous.—4 cases. Excision of head of humerus in 1.

(*b*) Ankylosis.—1 case, following injury.

145. Elbow.

(*a*) Tuberculous.—5 cases, 1 readmitted.

(*b*) Ankylosis.—1 case readmitted. Following scarlet fever. Previous arthroplasty for ankylosis of opposite elbow, also ankylosis of jaw.

(*c*) Arthritis, Various.—2 cases, 1 readmitted. Charcot's elbow, 1; gonorrhœal arthritis, 1; treated by aspiration of joint and vaccines.

146. Wrist.

(*a*) Tuberculous, 1.

(*b*) Arthritis, Various.—2. Gonorrhœal, 1; treated by vaccine. Following thecal whitlow, 1, treated by partial excision.

147. Sacro-Iliac.

2 cases, 1 readmitted (twice), and treated by immobilization only. 1 treated by incision and arthrectomy.

148. Hip.

(*a*) Tuberculous.—13 cases, 3 readmitted. Sinus present, 1; abscess, 1; excision of joint, 1.

(*b*) Osteo-Arthritis.—14 cases. Arthrodesis in 9.

(*c*) Ankylosis.—4 cases, 1 readmitted. Arthroplasty, 1; Gant's osteotomy, 2.

(*d*) Various.—6 cases. Acute arthritis, due to *Staphylococcus aureus*, 2; Perthe's disease, 2; rheumatoid arthritis, 1; arthralgia, 1.

149. Knee.

(*a*) Tuberculous.—12 cases, 1 fatal, 1 readmitted. Excision, 4; arthrectomy, 1; amputation through thigh, 1.

Fatal case.—Male, æt. 62. Admitted with pain in the knee of 18 months' duration and swelling of 6 months' duration. Triple displacement present. Secondary abscesses over head of fibula and in popliteal space. Incision and drainage. Death 14 days later. Post-mortem: Generalized miliary tuberculosis.

(*b*) Synovitis.—4 cases. Chronic, 3; exploration in 1. Acute due to trauma, 1.

(*c*) Arthritis, Various.—10 cases, 1 readmitted.

Osteo-arthritis, 8; arthrodesis in 3. Rheumatoid arthritis treated by arthrodesis, 1. Acute arthritis due to streptococci following scarlet fever, 1.

(*d*) Ankylosis.—1 case.

(*e*) Charcot's, 1. Peculiar in that atrophic changes affected the head of the tibia almost exclusively.

(*f*) Loose Body.—4 cases. All had co-existent osteo-arthritis. Operation and removal of a solitary body in 2.

(*g*) Internal Derangement.—24 cases. Removal of internal semi-lunar cartilage, 19; in 2 cases by a vertical patellar split. Removal of thickened synovial fringe in 1.

150. Ankle and Tarsus.

(*a*) Tuberculous.—2 cases.

(*b*) Tuberculous Tarsus.—3 cases. Syme's amputation, 1.

(*c*) Various.—4 cases. Acute arthritis, 1; Charcot's tarsus, 1; osteo-arthritis of ankle, 2; arthrodesis in 1.

151. Joints, Various.

(*a*) Spine.—7 cases, 1 readmitted. All were cases of osteo-arthritis.

(*b*) Various.—8 cases. Polyarticular rheumatoid arthritis, 1; polyarticular osteo-arthritis, 1; metatarsalgia, 1; ankylosis of jaw, 2; tuber-

culous arthritis of interphalangeal joint, 1; septic arthritis of metatarso phalangeal joint, 1; gonorrhœal rheumatism, 1.

DEFORMITIES.

152. Talipes.

(*a*) Congenital.—20 cases, 7 readmitted (2 twice).

All equino-varus. Wrenching and plaster-of-Paris splintage, 13; subsequent readmission and cuneiform tarsectomy, 1; wrenching, tenotomy of tendo Achillis and plaster-of-Paris splintage, 2; cuneiform tarsectomy, 2; also navolipoma, 1.

(*b*) Paralytic.—13 cases, 11 readmitted (1 twice).

Operative treatment in 32. Tooth's paralysis, 1; external popliteal nerve injury, 1; remaining cases all due to anterior poliomyelitis. Also genu valgum, 1; deformity of arm, 1.

153. Torticollis.

(*a*) Congenital.—7 cases. Open operation in all.

(*b*) Various.—1 case due to rheumatism.

154. Genu Valgum and Varum.

12 cases, 2 readmitted.

All were genu valgum. Bilateral, 5; osteotomy in 4 cases; 1 case readmitted with fractured femur following osteotomy.

155. Cicatricial Contractures.

17 cases. Dupuytren's contracture, 3, two of which were bilateral. Contracture of tendo Achillis, 2; fingers, 8; Volkmann's ischæmic contracture, 1, following fractured radius and ulna; face, 1; hand due to trauma, 2.

156. Hammer-Toe.

7 cases. Also phimosis, 1.

157. (*a*) Pes Planus.

11 cases. Bilateral, 6. 3 cases were of the spasmodic type.

(*b*) Hallux Valgus.—24 cases. Bilateral, 18.

(*c*) Hallux Rigidus.—6 cases, 1 readmitted.

158. Deformities, Various.

(*a*) Secondary to Paralysis.—14 cases, 1 readmitted.

11 due to upper motor neuron lesions, 3 due to anterior poliomyelitis.

(*b*) Coxa Vara.—4 cases. All of adolescent type.

(*c*) Fingers and Toes.—8 cases.

(*d*) Various.—4 cases. Scoliosis, 2; deformity of tibia due to rickets, 2.

MALFORMATIONS.

159. Hare-Lip and Cleft Palate.

21 cases, 4 readmitted (one 4 times). Fatal, 1. Cleft palate only, 7; 1 complete; 2 were cases of partial failure of previous operation. Remainder incomplete. Langenbeck's operation in all.

Hare-lip and cleft palate, 8; 1 fatal, dying of pneumonia after bilateral Rose's operation.

Hare-lip only, 3, one of which was bilateral.

Cleft palate, hare-lip having previously been operated on, 1.

160. Malformations of Head and Neck.

(*a*) Branchial Fistula.—3 cases.

(*b*) Cervical Rib.—6 cases; bilateral, 4.

(*c*) Various.—1 case of congenital deformity of pinna.

161. Malformations of the Trunk.

(*a*) Spina Bifida.—5 cases, 4 were meningomyeloceles, 1 of which was excised and developed complete paralysis of the lower extremities. 1 was a meningocele and was excised.

(*b*) Hypospadias.—3 cases, 2 readmitted (one twice). All of penile type and treated by plastic operations.

162. Malformations of the Limbs.

(*a*) Congenital Displacement of Hip.—6 cases, 6 readmitted (two twice). Lorenz's reduction in all cases.

(*b*) Various.—5 cases, 1 readmitted. Polydactylism, 3; malformed thumb, 1; hand, 1.

DISEASES OF THE AUDITORY SYSTEM.

163. Chronic Otitis Media with Mastoiditis.

52 cases, 1 fatal. *Male, æt.* 16. Admitted with 5 years' history of otorrhœa on the left side. At operation 29.8.22, lateral sinus and dura exposed. Later developed high remittent temperature with rigors. 11.9.22, Headache and rigidity of neck muscles. Optic discs normal. 5.10.22, Signs of increased intracranial pressure. No localizing signs. Optic discs œdematous. Cerebrospinal fluid showed excess of polymorphonuclears. Sterile on culture. 6.11.22, Death. Post-mortem: Acute septic meningitis and encephalitis.

164. Acute Mastoiditis.

52 cases, 5 fatal. Previous antrotomy in 3 cases.

Fatal cases.

(1) *Male, æt.* 7. Antrotomy. Post-mortem: Basal meningitis, pus in cavernous and lateral sinuses.

(2) *Male, æt.* 19. Antrotomy. Post-mortem: Suppurative meningitis and left temporo-sphenoidal abscess.

(3) *Male, æt.* 18. Radical mastoid and graft. Post-mortem: Suppurative meningitis.

(4) *Female, æt.* 14. Antrotomy. Post-mortem: Diffuse meningitis.

(5) *Female, æt.* 16. Antrotomy. Post-mortem: Diffuse meningitis.

165. Auditory, Various.

(*a*) Acute Otitis Media.—10 cases, 1 fatal. *Male, æt.* 5. Bilateral otitis. Pneumococcal meningitis.

(*b*) Various.—4. Mastoid fistula, 2; auditory vertigo, 2.

DISEASES OF THE NERVOUS SYSTEM.

166. *A.* Cerebral Hæmorrhage.

6 cases, 4 male (3 fatal), 2 female (1 fatal).

All cases were admitted while unconscious. The 2 non-fatal cases both showed definite signs of chronic renal disease. 1 case showed a left hemiplegia, while the other showed definite paralysis only in the left leg. The 4 fatal cases also showed signs of arteriosclerosis and chronic renal disease.

Case of interest.—Male, æt. 55. There was a 10 days' history of irritability and sleepiness; for 12 hours the patient had been unconscious. He showed signs of left hemiplegia. He was apparently recovering when the respiration became suddenly embarrassed, and he died in a few minutes. Post-mortem: Examination showed two distinct hæmorrhages within the brain, one in the region of the right basal ganglia, which had obviously occurred several days before, while the other was a small recent hæmorrhage in the left occipital lobe.

B. Cerebral Thrombosis.

2 cases, both male. 1 case showed a right hemiplegia associated with aphasia. The patient could understand speech, but spoke quite unintelligibly. Wassermann reaction negative.

The other case also showed some disturbance of the speech, and of the word-receptive centres. 9 months before admission he suddenly fell off his bicycle and remained unconscious for some hours. A month before admission he fainted several times, and on recovery from the last "faint" was unable to speak or read, but could understand speech. On examination his central nervous system was apparently normal, the mental condition was alert, but he could not speak, write or read. His word-receptive centres were also impaired, as he was frequently unable to understand spoken words. Treatment was by re-education, and on discharge patient was making remarkably good progress.

167. Encephalitis Lethargica.

24 cases, 14 male (2 fatal), 10 female (2 fatal). For a further consideration of this section, see Special Report.

168. Cerebral and Spinal Syphilis.

6 cases, all male.

Wassermann reaction (cerebrospinal fluid) positive in 5, negative in 1. All cases treated by novarsenobillon, mercury and iodides.

169. Cerebral, Various.

(*a*) Headache and Migraine.—10 cases, 5 male, 5 female. 4 cases, 2 of whom were nurses, showed typical migraine attacks. Of the remaining 6, a high blood-pressure was probably the cause of the headache in 1 of the cases; 2 others followed on head injuries—1 a bullet-wound received 4 years previously, the other injury resulting from a fall from a height of 8 ft.; a fourth complained of associated insomnia, and was treated with hypnotics. No definite cause was found in the remaining 2 cases.

(*b*) Cerebral Abscess.—2 cases, 1 male, 1 female, neither fatal. 1 case followed 3 months after an antrotomy for acute mastoid disease. The

other occurred in a woman, 5 months pregnant, who had been complaining of diplopia for 2 months. She also had attacks which commenced by a tingling feeling in the left occipital region, followed by a similar feeling in the left leg. Alteration in the sense of smell was also noticed. On examination there was marked œdema to the extent of 4 D. present in both optic discs. A chronic abscess was enucleated from the tip of the right temporal lobe, and on section proved to be tuberculous. Recovery was uninterrupted, and the patient had a normal labour some months later. Three months after the confinement patient showed no abnormal physical signs.

(*c*) Insanity.—4 cases, 1 male, 3 female. 2 patients suffered from delusions and hallucinations, a third was depressed and suicidal, while the fourth was a low-grade imbecile admitted temporarily on account of severe epileptic fits.

(*d*) Various.—9 cases, 5 males, 4 females. 3 cases were admitted for lumbar puncture; the cytology was normal and the Wassermann reaction negative in each case.

1 case of habit-spasm treated by isolation.

1 case of insomnia, showing no abnormal physical signs.

1 case of vertigo, a *male*, *æt.* 37, who showed no abnormality of the central nervous or auditory systems. The heart was normal, blood-pressure 130 mm. Hg., blood-count normal, and Wassermann reaction negative.

1 case of paralysis agitans.

1 case of pharyngeal paralysis, probably post-diphtheritic in origin. He was treated with strychnine, and made a good recovery.

1 case of local external hydrocephalus treated by decompression.

170. Chorea.

15 cases, 5 male, 10 female. 2 were readmitted. It was the first attack in 9 cases, second attack in 4, third attack in 1, and the remaining case had had many previous attacks. There was a past history of rheumatic fever in 2 cases, and of chronic rheumatism in 3 more. 1 case, a *female*, *æt.* 21, had suffered from exophthalmic goitre 12 months previously, but on admission showed few signs of this disease. The heart was affected in 5 cases, showing mitral murmurs in each instance. There was 1 case which showed a condition of dextrocardia; the heart was normal.

171. Disseminated Sclerosis.

15 cases, 9 male, 6 female. 1 case had previously been diagnosed as encephalitis lethargica on account of the patient showing some drowsiness for several days. When seen at the hospital the condition was unmistakeably one of disseminated sclerosis. Optic atrophy was present in 3 cases. The Wassermann reaction of the cerebospinal fluid was ascertained in every case to be negative. The initial symptom in one case, a *female*, *æt.* 24, was severe attacks of giddiness persisting for some months; later the arms became weak and spastic, and she developed additional symptoms, such as intention tremor.

172. Epilepsy and Convulsions.

17 cases, 10 male, 7 female. There were 7 cases of epilepsy, all cases of *grand mal*. 1 of them was treated with luminal with marked success.

There were 4 cases of Jacksonian epilepsy. 1 of these, a *male, æt.* 36, showed a resultant hemiplegia. The cerebrospinal fluid was normal and Wassermann reaction negative. A decompression was performed and a condition of localized cortical meningitis found. The condition of the patient improved greatly, and on discharge he was able to walk and had had no fits since the operation.

There were 5 cases of convulsions, all in children under 4 years of age. There was no family history of epilepsy in any of these cases, and they all quickly reacted to symptomatic treatment.

1 case, a *male, æt.* 16, was admitted in a state of post-epileptic stupor which lasted 24 hours. He had suffered from *grand mal* attacks for 9 years.

173. Neurasthenia and Hysteria.

29 cases, 9 male, 20 female. The following symptoms were present in some of the cases: Abdominal pain in 7 cases; paraplegia, 2 cases; hemiplegia, 1 case; functional fits, 2 cases; marked insomnia, 1 case; aphasia, 1 case; præcordial pain, 1 case; pain in left leg, 1 case.

174. (*a*) General Paralysis of the Insane.

5 cases, all male. Lumbar puncture performed in 4 cases and Wassermann reaction positive in 3. The case which showed a negative Wassermann reaction had extremely typical signs and symptoms.

(*b*) Tabes Dorsalis.—9 cases, 7 male, 2 female. Wassermann reaction performed in 5 cases, all positive 1 case had been operated on 2 years previously for "duodenal ulcer." Another case had exceptionally severe gastric crises while in hospital, and at times appeared almost moribund. All cases were treated with injections of N.A.B.

175. Hemiplegia and Monoplegia.

1 case, *male, æt.* 55. There was an 8 months' history of irritability and alteration for the worse in the mental condition. For 6 weeks before admission there had been a left-sided sensory and motor hemiplegia, which had taken several days to develop. On examination the pupils were very sluggish in their reaction to light, and the optic discs showed slight œdema. Unfortunately the patient became acutely maniacal, which necessitated his removal from the hospital.

176. Acute Poliomyelitis.

9 cases, 5 male, 4 female (1 fatal), 2 readmissions. Distribution of ultimate paralyses was as follows: Left arm, 2 cases; right arm, 1 case; left arm and left leg, 2 cases; both legs (partial), 3 cases.

The fatal case was a *female, æt.* 19, giving a fortnight's history of an acute illness consisting of pyrexia, sore throat and headache, followed by generalized pain and ultimately extensive paralysis. The right and left arm were both paralysed, but some muscles in the former had escaped. The neck muscles were paralysed and the back muscles weak. There was very slight voluntary movement in both legs. Sensation was unaltered. Patient appeared to

be progressing favourably for 3 days after admission, when the paralysis rapidly extended upwards, and she died of respiratory failure.

177. Intracranial Tumour.

15 cases, 9 male (5 fatal), 6 female (1 fatal).

Site of tumour: Frontal lobe, 3 cases; occipital lobe, 2 cases; pons, 1 case; pituitary body, 1 case; meninges, 1 case; cerebellum, 5 cases; auditory nerve, 2 cases.

Decompression was performed in 4 cases, and in 3 others the tumour was successfully removed.

Case of interest.—Male, æt. 40, admitted with signs of intracranial tumour in the left parietal region, which was subsequently successfully removed. The patient made a good recovery from the operation, but enlargement of the liver was noticed soon after and the general condition became steadily worse. Post-mortem: A hypernephroma of the right kidney with secondary deposits in the liver was found. The intracranial tumour, which had been removed, was of the same nature.

178. Tuberculous Meningitis.

13 cases, 9 male, 4 female (all fatal). Post-mortem: 9 cases were found to have multiple tuberculous foci in the lungs. 1 case was secondary to tuberculous disease of the ovary; 2 cases had a terminal septic pneumonia; 1 case followed a prolonged attack of amœbic dysentery.

The cerebrospinal fluid was examined in all but 2 cases, and an excess of lymphocytes was always found.

179. Meningitis (Non-Tuberculous).

8 cases, 3 male (2 fatal), 5 female (all fatal). Type of organism found: Meningococcus in 3 cases; pneumococcus in 3 cases, streptococcus in 1 case, B. influenzæ in 1 case.

All cases were treated by lumbar puncture and the meningococcal cases were given anti-meningococcal serum.

180. Paraplegia.

4 cases, 2 male, 2 female. All cases were spastic. 1 case was probably due to a spinal tumour; the patient also suffered from pulmonary tubercle. 1 case had a very marked coarse tremor, and the condition was possibly one of disseminated sclerosis. Another case was treated by posterior rhizotomy and subsequent tenotomies; very marked improvement resulted.

181. (*a*) Sciatica.

6 cases, 1 male, 5 female. 2 cases had in addition osteo-arthritis of both hips. They were all treated symptomically, and with radiant heat. 1 case had alcohol injected into the sciatic nerve without much relief, and was finally treated by stretching the nerve under anæsthesia. On discharge 3 cases were cured and 3 relieved.

(*b*) Trigeminal Neuralgia.

16 cases, 5 male, 11 female, 3 readmissions. 13 cases were treated by injection of alcohol into the Gasserian ganglion; 2 by division of the

affected root of the trigeminal nerve, and 1 by excision of the Gasserian ganglion. 6 cases had no pain on discharge, and in 9 others the pain was lessened. In 1 case it was unrelieved.

(*c*) Various.

7 cases, 2 male, 5 female. 2 cases of facial neuralgia; 3 cases of coccydynia, 1 case of inguinal neuralgia, 1 case of severe pain in the left arm, where no abnormal physical signs could be found.

182. Nerves, Various.

3 cases, all male. One case of 6th nerve palsy, left; 1 case of nerve deafness ? cause; 1 case of nocturnal enuresis.

183. Peripheral Neuritis.

5 cases, 1 male, 4 female. 1 case affecting both arms followed influenza; another case also affecting both arms followed scarlet fever; and a third affecting the extensor muscles of both feet followed typhoid fever. In 2 cases, in both of which the sensory and motor nerves to the legs were affected, the cause was not ascertained. All cases were treated by electricity and massage, and all were greatly improved on discharge.

184. Progressive Muscular Atrophy and Amyotrophic Lateral Sclerosis.

3 cases, all male. 2 cases showed bulbar symptoms, and the third showed slight spasticity of both legs and a definite extensor plantar response on the left side.

185. Various System Diseases of the Spinal Cord.

12 cases, 8 male (2 fatal), 4 female. 4 cases of acute myelitis, one of which was fatal. 3 cases of subacute combined degeneration of the cord. All cases showed an anæmia. 2 cases of syringomyelia, one of which showed very extensive lesions. All forms of sensation below the level of the face were absent with the following exception—cold was appreciated as pain. The patient was admitted with severe burns of the arm.

One case showed involvement of the lateral, and to a lesser extent the posterior tracts of the cord. The cause of this was not ascertained. One case, a *male, æt.* 49, gave a 6 years' history of gradually increasing difficulty in walking. The legs were spastic and there was a double extensor plantar response. The patient was practically anæsthetic below the level of the umbilicus; a band of hyperæsthesia was present above this level. The blood Wassermann was negative, but the Sachs-Georgi reaction was positive. A laminectomy was performed, but no tumour was found. The patient made an uneventful recovery from the operation, but his condition was only slightly improved.

One case, *male, æt.* 37, admitted with a 3 months' history of headache, giddiness and vomiting. A sensation of smelling pine-trees had been noticed intermittently for some years. On examination the right optic disc was choked and the left showed slight œdema. There was slight weakness of the left side of the face and nerve-deafness on the right side. There was blunting of sensation on the left arm and some dull pain in this limb was also complained of. The thermal sense was also deficient, but not to any marked

extent. Asteregonosis was present in the left hand, and there was slight weakness of the left leg. Decompression was performed, but no tumour was found. The patient died a few days later of broncho-pneumonia, and post-mortem proved the condition to be one of congenital hydromyelia of the cervical cord and medulla.

INJURIES, POISONS, AND UNCLASSIFIED.

186. Injuries of the Head.

(*a*) Fractured Vault of Skull.—12 cases, 2 fatal. Compound, 5; decompression in 4, one of which proved fatal. Decompression in 3 cases of simple fracture.

(*b*) Fractured Base of Skull.—7 cases. Recoveries, 4, one of whom also had fractured ribs and abdominal contusion, and another a fracture of the clavicle.

(*c*) Fractured Jaw.—5 cases. Dental splint applied in 3. Also fractured base of skull, 1.

(*d*) Concussion.—27 cases, 1 fatal. Cerebral irritation, 1; mania, 1.

(*e*) Wounds of Scalp and Face.—11 cases, 1 fatal. Also contusion of scrotum and ankle, 1.

Fatal case.—Male, at. 23. Self-inflicted pistol wound above right ear. Exploration and decompression. Post-mortem: Bullet between skull and temporal muscle on opposite side.

(*f*) Various.—2 cases. 1 insertion of celluloid plate for previous fractured vault of skull treated by decompression.

187. Injuries of Neck.

4 cases, 1 fatal. All cut throats.

188. Injuries of the Upper Extremity.

(*a*) Humerus.—5 cases. Supracondylar fracture, 2; open reduction in 1. Fracture of surgical neck, 1, treated by open reduction. Fracture of middle third, 1, treated by open reduction. Fracture of greater tuberosity, 1.

(*b*) Fractures of Radius and Ulna.—22 cases, 1 fatal, 4 readmitted.

Ulna: Shaft, 1; at upper third with forward dislocation of radius. Olecranon, 3; wiring in 2; suture of torn aponeurosis, 1. This last case also had a T-fracture of the lower end of the humerus, and fractured head of radius.

Radius: Lower third, 1, treated by open reduction and fixation with Adam's clip. Colles's fracture, 1.

Radius and Ulna.—16, 3 of which were compound, 1 occurring in a woman of 73 and proving fatal.

Open reduction in all cases. In 6 no retentive mechanism other than locking of the fragments was employed; in 2 of these the radius alone was exposed and reduced; in 1 the radius and ulna were reduced by separate operations at an interval of 10 days. 1 was readmitted with forward

angulation of the radius, the head of the ulna being excised and an osteotomy of the radius performed.

Open reduction followed by insertion of intra-medullary beef-bone pegs, 2. Open reduction followed by plating, 1. Followed by wiring, 1. Followed by fixation with kangaroo tendon, 1. Excision of lower end of ulna in 1.

(*c*) Metacarpals, Carpals and Phalanges.—5 cases.

Fractured scaphoid, 3; excision in 2. Fractured cuneiform, 1. Compound fracture of proximal phalanx of thumb, 1.

(*d*) Soft Parts.—29 cases, 1 readmitted.

Cut tendons, 14; lacerated fingers, 9; amputation in 7. Cut wrist with severance of radial artery and median nerve, 1. Gunshot wound, 1; crushed hand, necessitating amputation, 1; lacerated hand and forearm necessitating amputation through arm, 1; needle in hand, 1.

189. Injuries of the Thorax.

7 cases, 1 fatal. Fractured ribs, 5.

Fatal case of interest.—Female, æt. 9. Knocked down by a motor car at 5 p.m., complained of pain in lower part of chest and upper abdomen, with increasing pallor and rising pulse-rate. No hæmoptysis. On admission there was no evidence of fracture of ribs or surgical emphysema. The upper abdomen was tender and rigid, especially on the right side, tending to spread downwards as the anæmia increased. The area of liver dulness was normal. Coarse crepitations were present at both bases. The percussion note was not altered, and the heart was not displaced. Urine was normal.

Laparotomy was carried out at 9 p.m., and nothing abnormal found, but the condition of the child would not allow of immediate exploration of the chest. The child died 24 hours later, vomiting some altered blood just before death.

Post-mortem: No lesion of chest-wall. Rupture about 2 in. long on the external aspect of the lower lobe of the right lung. Right lower lobe infiltrated with blood and about a pint of blood in right pleural cavity.

190. Injuries of the Abdomen.

8 cases, 4 fatal. Abdominal contusions, 5, 2 fatal, laparotomy in 3. 1 non-fatal case showed bruising of the cæcum only.

Fatal cases of interest.

(1) *Male, æt.* 59. Knocked down by a motor-car. Admitted with signs of intraperitoneal hæmorrhage, associated with tenderness, rigidity and bruising of the right side of the abdomen. Pulse-rate decreased and improved in volume. Death 24 hours after admission. Post-mortem: 1½ pints of blood in peritoneal cavity. Tear of the peritoneum on inner side of ascending colon. Extensive retroperitoneal bleeding extending across the front of the spine.

(2) *Male, æt.* 50. Wheels of a cart passed over the abdomen. On admission very collapsed. Condition improved with rest and warmth, the pulse-rate remaining steady at 100 for 12 hours. Painful cough with pain in chest and abdomen and purulent expectoration was present. No vomiting or tenderness. There was great tenderness on the right side of the abdomen and in the loin with rigidity and surgical emphysema. The urine was

removed by catheterization and found normal. Laparotomy 20 hours after admission. No injury could be discovered. About 4 oz. of altered blood were found in the peritoneal cavity. Death 2 hours later. No post-mortem.

Traumatic rupture of rectus abdominis with hæmatoma, 1.

Female, æt. 63. Suffered from chronic bronchitis. Admitted with history of 24 hours' acute pain and swelling in lower abdomen on the right side. Temperature, 101°. Pulse 112. Tender mass below the umbilicus on right side. Exploration showed a complete rupture of the rectus abdominis with a surrounding hæmatoma. Suture. Uneventful recovery.

Ruptured spleen, 1 fatal case, *male, æt.* 8. Died on the operating table.

Perforating wound of the rectum, 1 fatal case.

Male, æt. 6. Right buttock perforated by the starting handle of a motor car. Wound involved the rectum extraperitoneally. Laparotomy. No intraperitoneal lesion found. Local exploration. Death 24 hours later. No post-mortem.

191. Injuries of the Genito-Urinary Tract.

2 cases, 1 fatal.

Case of interest.—Male, æt. 40. Patient had slipped an iron bolt on to the penis as far as the peno-scrotal junction 24 hours before admission. The bolt weighed 1½ lb. and the internal calibre had a diameter of ¾ of an inch. On admission the penis distal to the bolt was turgid and in a condition of early moist gangrene. Amputation at the site of constriction. Uneventful recovery.

Fatal case.—Female, æt. 6 *years* 9 *months.* Knocked down by a motor car and struck on the abdomen at 6 p.m. Passed pure blood *per urethram.* On admission collapsed with pulse-rate of 120 and signs of internal hæmorrhage. Laparotomy 6.30 p.m. Extensive intra- and retroperitoneal hæmorrhage round the right kidney, which was almost completely disorganized. Abdominal nephrectomy. Died 48 hours later. No post-mortem.

192. Fractures of the Pelvis.

5 cases, 1 fatal. 3 fractures of true pelvis, one of which was bilateral. 1 compound fracture of ileum. 1 fatal case also had extensive laceration of perinæum and died on the operating table.

193. Injuries of the Lower Extremity.

(*a*) Fractured Femur.—16 cases, 3 fatal, 2 readmitted. Broad part of neck, 3. Middle third, 7, also supracondylar fracture of humerus in 1. Of these 3 were treated by open reduction and fixation with Adams's clip, one requiring reclipping. Upper third, 2; both were plated, one on readmission. Separation of the lower epiphysis, 1; reduced and put up in plaster.

Fatal cases.

(1) *Male, æt.* 39. Knocked down by a motor car while under the influence of alcohol. On admission transverse fracture of middle third of shaft of femur was present on the right side, with a Dupuytren's fracture on the left. There were no signs of abdominal injury. A plaster spica was applied

12 hours later. Intense meteorism and vomiting developed, necessitating removal of the plaster. Death on the 4th day. Post-mortem: Paralytic ileus.

(2) *Male, æt.* 31. Also had fractured ribs. Died 4 hours after admission. No post-mortem.

(3) *Male, æt.* 55. Compound fracture middle third of right femur with a simple fracture of the upper third of the left femur was present. Treated by excision of wounds and reduction, and put up in a Hodgen's splint on one side with a Thomas on the other. Wound suppurated. Developed delirium tremens. Death on 7th day. Post-mortem: Œdema of the brain. Abscess at site of fracture.

(*b*) Fractured Patella.—9 cases. Operation in all. Wiring, 5; suture of aponeurosis, 2, one of which refractured after 4 months. Suture of patella with kangaroo tendon, 2.

(*c*) Fractured Tibia and Fibula: (i) Simple.—20 cases, 1 readmitted.

Also supracondylar fracture of humerus, 1. 2 were cases of fracture of the fibula with separation of the lower epiphysis of the tibia. All the cases were treated by immobilization in plaster-of-Paris.

(ii) Compound.—4 cases, 1 fatal, 1 readmitted for non-union. Treated by autogenous bone-graft.

(*d*) Pott's Fracture.—23 cases, 1 fatal. Plaster-of-Paris splintage in all. Also open reduction in 2. Fatal case died of cirrhosis of the liver and terminal peritonitis.

(*e*) Tibia.—16 cases, 2 readmitted. Open reduction and insertion of beef-bone peg, 1; plating, 1; Adams's clip, 1, subsequently readmitted for removal of clip. 1 case readmitted for excision of painful spur of callus.

(*f*) Fibula.—2 cases.

(*g*) Tarsals, Metatarsals and Phalanges.—8 cases, 4 readmitted.

Fracture of os calcis, 4; amputation at site of election for traumatic gangrene in 1. 1 readmitted for excision of spur of callus.

Fractured astragalus, 2; 1 of these also had a fracture of the os calcis on the opposite side. Astragalectomy was performed. 1 case was treated by reduction and plaster-of-Paris splints, and subsequently readmitted for tenotomy of tendo Achillis and fresh splints.

Fractured metatarsals, 2. 1 readmitted for sequestrotomy.

(*h*) Injuries of the Soft Parts.—20 cases, 1 fatal. Contusions, 7; dog-bites, 1, treated by excision and anti-rabic serum; laceration of thigh, 3; ruptured tendo Achillis, 1; crushed foot, 2; ruptured rectus femoris, 1; gunshot wound of leg, 1; of buttock, 1; needle in leg, 2.

Fatal case, male, æt. 7. Right leg skinned from middle of the thigh downwards. Left foot crushed to pulp. Amputation at site of election on left side. Suture on the right. Died 4 hours later. No post-mortem.

194. Injuries of the Back.

(*a*) Fractured Spine, 1 fatal case. *Female, æt.* 82. Fracture of 7th cervical vertebra. Post-mortem: Compression of the cord and hæmatomyelia.

(*b*) Contusions.—6 cases.

195. Injuries of the Joints.

(*a*) Shoulder.—6 cases. 2 cases of dislocation reduced by manipulation. 3 cases of old standing unreduced dislocation. Open reduction in 2, excision of the head of the humerus in 1. Sprained shoulder, 1.

(*b*) Elbow.—2 cases. Posterior dislocation, 1. Contusion, 1.

(*c*) Carpus and Metacarpus.—4 cases. Anterior dislocation of semilunar treated by excision, 1. Dislocation of metacarpo-phalangeal joint of thumb; 1 treated by open reduction. Compound dislocation of interphalangeal joint of thumb, 1, treated by open reduction. Unreduced dislocation of proximal interphalangeal joint of finger, 1, treated by arthroplasty.

(*d*) Hip.—2 cases, both contusions.

(*e*) Knee.—2 cases, both penetrating wounds, treated by arthrotomy and lavage with saline. Removal of retained bullet in 1.

(*f*) Ankle.—4 cases, all sprains.

196. Injuries of the Nerves.

10 cases. Cut ulnar nerve, 4; 1 recovering, 3 treated by secondary suture. Cut median nerve, 1. Median causalgia, 1, treated 3 months previously by neurolysis and insertion of celluloid sheath; removal of celluloid; nerve left in adventitious bursal sheath. Cut ulnar and median nerves, 1, treated by secondary suture. Compression of external popliteal nerve by callus, 1, recovering. Cut spinal accessory, 1; exploration. Injury to brachial plexus of the Klumpke type, 1, recovering.

197: Malunited and Ununited Fractures.

23 cases. Fatal, 1

Femur, 2; one in the middle third, malunion following compound fracture 10 months previously. Treated by refracture and plaster splints. Failed to unite and was subsequently plated. One through the neck with adduction, necessitating tenotomy of the hamstrings. Tibia and fibula, 3; sequestrotomy in 1, an old ununited compound fracture. Osteotomy in 2, and insertion of autogenous bone-graft in 1. Tibia, 2; osteotomy in 2, with addition of autogenous bone-graft in 1. Both were cases of irregular growth, due to partial separation of the lower epiphysis.

Pott's fracture, 4 cases; arthrodesis of ankle in 2; arthroplasty in 1; wrenching in 1. Humerus, 4; removal of plate, 1; removal of malunited external condyle in 1; 1 fatal case died during operation for plating for non-union. Post-mortem: Status lymphaticus.

Radius, 3; manipulation in 1, refracture in 1.

Radius and ulna, 1; osteotomy of both bones and insertion of intramedullary beef-bone peg in ulna.

Bennett's fracture, 1; removal of loose upper fragment.

Scaphoid of foot, 1; arthrodesis of astragalo-scaphoid joint. Phalanx of toe, 1. Amputation.

198. Burns and Scalds.

46 cases, 4 fatal; burns, 27; scalds, 19; also inguinal hernia, 1.

199. Poisons.

(*a*) Food.—3 male and 3 female cases, no fatalities.

(*b*) Various.—28 cases, 17 male (1 fatal), 11 female.

Poisons: lead, 2; carbolic acid, 3; lysol, 2; morphia, 3; potassium permanganate, 2; arsenic, 2; coal gas, 2; paraffin oil, 1; benzine, 1; sulphuric acid, 1; oxalic acid, 1; alcohol, 1; tobacco, 1; thyroid extract, 1; "jumping toothache cure," 1; Nurse Powell's pills, 1; iodine, 1; turpentine, 1; camphorated oil, 1.

200. Unclassified.

16 cases, 3 male and 13 female. Lumbar pain, 8; sacral pain, 2; dorsal pain, 2; pain in thigh, 1; collapse after dental extraction, 1; malaise following vaccination, 1; unconsciousness (cause ?), 1.

COMBINED OPERATION TABLE.

BY

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Table II.—*Combined Operation Table.*

Disease and Operation.	Result. Dischd.	Result. Died.	Remarks.
General Diseases,			
6. Erysipelas—			
Incision of abscesses	2	..	
16. Pyæmia—			
Curetting sinuses	1	..	
25. General tuberculosis—			
Cystoscopy	..	1	
26. Acute abscess—			
Incision	109	1	
Sequestrotomy	2	..	For necrosis of jaw.
Exploratory laparotomy	1	..	For primary perinephric abscess.
Amputation of finger	1	..	
Dental extraction	1	..	
27. Chronic abscess—			
Incision and curetting	33	..	Previous aspiration, 3.
Aspiration	2	..	
Excision	3	..	
Tonsillectomy	1	..	
Cystoscopy	2	..	
28. Cellulitis—			
Incision	20	1	
Amputation of finger	2	..	
Tracheotomy	1	..	
29. Sinus—			
Curetting	8	..	
Excision	3	..	
Sequestrotomy	1	..	
Estlander's operation	3	..	
30. Carbuncle—			
Excision	17	1	
Incision	8	..	
31. Various general diseases—			
Incision of abscesses	1	..	For actinomycosis.
Injection of formalin	1	..	For actinomycosis.
Tenotomy	1	..	For deformities due to leprosy.
Diseases of the Respiratory System.			
32. Diseases of the nose—			
(*a*) Deflected nasal septum			
Submucous resection	96	..	Also turbinectomy, 8; removal of adenoids, 3; removal of polypi, 2; appendicectomy, 1.
(*b*) Nasal polypi—			
Curetting	7	..	Also turbinectomy, 1.
(*c*) Hypertrophic rhinitis—			
Turbinectomy	5	..	Also removal of polypi, 1.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE RESPIRATORY SYSTEM—*continued.*			
32. Diseases of the nose—*continued.*			
(*d*) Various—			
Cauterization	4	..	
33. Antrum and accessory sinuses—			
(*a*) Ethmoiditis—			
Curetting	19	..	Also removal of polypi, 2.
Curetting and turbinectomy	10	..	Also dilatation of fronto-nasal duct, 2.
External operation	2	..	
Intranasal antrotomy	3	..	For coexistent maxillary antritis.
Caldwell Luc operation	1	..	For coexistent maxillary antritis.
(*b*) Frontal sinusitis—			
Howarth's operation	12	1	Tracheotomy in the fatal case.
Dilatation of duct and turbinectomy	2	..	
Ethmoidal curetting	1	..	
(*c*) Maxillary antritis—			
Caldwell-Luc operation	8	..	Also ethmoidal curetting, 2.
Intranasal antrotomy	6	..	
Intranasal antrotomy and turbinectomy	2	..	
(*d*) Malignant disease—			
Moure's operation	2	..	Also insertion of radium, 1.
Insertion of radium	4	..	
Curetting	2	..	
Diathermic excision	1	..	Rodent ulcer of ethmoid.
(*e*) Various—			
Moure's operation	2	..	
West's operation	1	..	
Drainage of sphenoidal sinus	1	..	
34. Larynx—			
(*a*) Simple tumours	..	..	
Removal by direct laryngoscopy	2	..	
(*b*) Malignant tumours—			
Complete laryngectomy	1	..	
Incision of abscess	1	..	
Insertion of radium and tracheotomy	1	..	
(*c*) Various—			
Tracheotomy	1	..	
Removal of cyst of epiglottis	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE RESPIRATORY SYSTEM—*continued.*			
37. Lobar pneumonia—			
Resection of rib and primary suture	1	..	For empyema.
39. Pulmonary tuberculosis—			
Division of phrenic nerve	1	..	
40. Pleurisy—			
Aspiration . . .	9	1	
41. Empyema—			
Aspiration . . .	2	1	
Resection of rib and drainage	10	2	Also appendicectomy, 1.
Resection of rib and primary suture	7	..	
44. Respiratory diseases, various—			
(*a*) Asthma—			
Removal of tonsils and adenoids	1	..	
Submucous resection of septum	1	..	
(*d*) Foreign bodies in bronchi—			
Bronchoscopy . .	2	..	
Bronchoscopy and extraction	1	..	
(*e*) Various—			
Bronchoscopy . .	2	..	
DISEASES OF THE CIRCULATORY SYSTEM.			
45. Aneurysm—			
(*b*) Various—			
Excision . . .	1	..	
Proximal ligature .	2	..	For cirsoid aneurysms. Removal of cyst [in 1.
49. Gangrene—			
Amputation of thigh .	3	1	Preliminary amputation of toe, 4. Also [ligature of femoral vein, 2.
Syme's amputation . .	1	..	
54. Varicocele—			
Radical cure . . .	10	..	
Trendelenburg's operation and local excision	1	..	For varicose veins.
55. Varicose veins—			
Trendelenburg's operation and local excision	32	..	
Trendelenburg's operation only	6	..	
Local excision . . .	3	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result.		Remarks.
	Dischd.	Died.	
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES.			
59. Cysts—			
(*a*) Dermoid—			
Excision . . .	6	..	Also excision of ganglion of wrist, 1.
(*b*) Sebaceous—			
Excision . . .	8	..	
60. Tumours—			
(*a*) Malignant—			
Excision of growth .	9	..	
,, ,, and glands	5	1	
Amputation of leg .	1	1	
,, of forearm.	1	..	
Insertion of radium .	4	1	
Excision of rodent ulcer	9	..	
Skin-graft . . .	5	..	
Diathermy . . .	1	..	
(*b*) Simple—			
Excision of tumour .	45	..	
,, ,, and glands	1	..	
Skin-graft . . .	1	..	
Diathermy . . .	1	..	
Electrolysis . .	1	..	
61. Ulcers—			
Amputation of leg . .	4	..	
Skin-graft . . .	2	..	
62. Skin diseases, various—			
Curetting . . .	3	..	
Excision. . . .	3	..	
Diathermy . . .	2	..	
Skin-graft . . .	1	..	
DISEASES OF THE DIGESTIVE SYSTEM.			
63. Diseases of the mouth and pharynx—			
(*a*) Simple—			
Curetting dental cyst .	7	..	
Excision of ranula .	2	..	
Dental extraction. .	5	..	
Diathermy . . .	1	..	
Excision of lower jaw .	1	..	For endosteal fibroma.
Removal of epulis .	7	..	
Excision of dentigerous cyst	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
63. Diseases of the mouth and pharynx—*continued.*			
(*b*) Malignant—			
Diathermy	8	..	
Insertion of radium	8	..	
Excision of growth and glands	3	1	
Diathermy of growth and excision of glands	2	1	
Excision of upper jaw	1	..	
Excision of upper jaw and glands	1	..	
Pharyngectomy and tracheotomy	1	..	
Œsophagoscopy	1	1	
Gastrostomy	..	1	
64. Tonsils and adenoids—			
Enucleation and removal	464	..	
Diathermy	3	..	For malignant disease.
,, and removal of glands	2	..	For malignant disease.
65. Tongue and lips—			
Tongue—			
Excision of carcinoma	7	..	
Excision of carcinoma and glands	6	1	Laryngotomy in 1.
Diathermy	5	..	
Insertion of radium	1	..	
Excision of glands	..	1	
Partial excision for glossitis	4	..	
Lips—			
Excision of carcinoma	3	..	
Excision of carcinoma and glands	1	..	
Insertion of radium	1	..	
Excision of simple tumour	2	..	
Electrolysis	1	..	
66. Œsophagus—			
Œsophagoscopy and insertion of radium	9	2	
Gastrostomy	6	1	
67. Stomach—			
(*a*) Ulcer—			
Posterior gastro-jejunostomy	41	..	Infolding of ulcer in 2; occlusion of pylorus in 2; appendicectomy in 8.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result.		Remarks.
	Dischd.	Died.	
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
67. Stomach—*continued.*			
(*a*) Ulcer—*continued.*			
Partial gastrectomy	11	3	
Finney's operation	1	..	
Balfour's operation	1	..	
Excision of ulcer	1	..	
Anterior gastro-jejunostomy	1	..	
Laparotomy	3	..	For obstruction by bands, 1.
Gastrostomy	1	..	
Closing gastro-jejunostomy	2	..	
Cholecystectomy	1	..	
Gastro-gastrostomy	1	..	
(*b*) Perforated ulcer—			
Laparotomy and closing by suture	9	2	Omental graft, 5; appendicectomy, 1.
Drainage only	..	1	Admitted *in extremis*.
Suture and posterior gastro-jejunostomy	1	..	
(*c*) Carcinoma—			
Posterior gastro-jejunostomy	7	4	
Partial gastrectomy	2	2	
Laparotomy	4	..	
Anterior gastro-jejunostomy	1	1	
Gastrostomy	1	..	
Ileostomy	..	1	
(*d*) Pyloric obstruction—			
Ramstedt's operation	2	1	
Posterior gastro-jejunostomy	2	..	
Finney's operation	2	..	
Entero-enterostomy	1	..	
Partial gastrectomy	1	..	
68. Duodenum—			
(*a*) Ulcer—			
Posterior gastro-jejunostomy	19	1	Occlusion of pylorus, 5; infolding of ulcer, 4; appendicectomy, 8.
Anterior gastro-jejunostomy	1	..	
(*b*) Perforated ulcer—			
Laparotomy and closing by suture	4	..	Omental graft, 3.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discha.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
68. Duodenum—*continued.*			
(*b*) Perforated ulcer—*continued.*			
Laparotomy and closing and gastro-jejunostomy	1	..	
69. Hæmatemesis and melæna—			
Laparotomy . .	2	..	Exploratory gastrotomy in 1.
Posterior gastro-jejunostomy	1	..	
Appendicectomy . .	2	..	
70. Intestinal, various—			
(*a*) Simple—			
Laparotomy . .	2	1	
Closing fæcal fistula .	2	..	
Radical cure of ventral hernia	1	..	
Appendicectomy . .	1	1	
Ileostomy . . .	..	1	For atresia of colon.
Excision of papilloma .	1	..	
Resection and axial anastomosis	1	..	For stricture.
(*b*) Malignant—			
Excision and axial anastomosis	4	2	Temporary colostomy in 2.
Lateral ileo-sigmoidostomy	2	1	Ileostomy in 1.
Lateral transverse sigmoid-colostomy	..	1	
Cæcostomy . . .	1	..	
Laparotomy . .	1	..	
Colostomy . . .	2	..	
71. Appendicitis (quiescent)—			
Appendicectomy . .	139	..	Drainage of peritoneal cavity, 1; also radical cure of hernia, 3; inguinal, 2; vesical, 1; cæcopexy, 3; removal of ovarain cyst, 3; cholecystostomy, 1; resection of ileum and axial anastomosis, 1; incision of abscess of neck, 1.
72. Appendix abscess—			
Drainage . . .	14	..	*Per rectum*, 1.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
72. Appendix abscess—*continued.*			
Subsequent appendicectomy	11	..	Not included in section, 71.
Appendicectomy . .	2	1	Removal of ovarian cyst in 1.
„ and drainage	1	1	
Laparotomy and drain down to mass	2	..	
73. Acute appendicitis—			
Appendicectomy . .	150	6	Removal of Meckel's diverticulum, 1; drainage of peritoneal cavity, 13; fatal, 1.
Subsequent appendicectomy	13	..	Not included in section, 71.
Subtotal hysterectomy .	1	..	For uterine fibroids.
Drainage of residual abscesses	4	..	
„ of empyema .	..	1	
Laparotomy and division of adhesions	1	..	For subsequent acute obstruction.
Radical cure of inguinal hernia	1	..	Appendicitis in a hernial sac.
74. Colitis—			
Ileostomy . . .	1	..	Subsequent ileo ascending colostomy [and transverse colostomy.
75. Intestinal obstruction—			
(*a*) Simple—			
Laparotomy and division of bands, etc.	15	3	
Resection of Meckel's diverticulum	1	..	
Resection and axial anastomosis	..	3	
Appendicectomy . .	6	..	
Ileostomy . . .	..	1	
Lateral duodeno-jejunostomy	4	..	For duodenal ileus.
Posterior gastro-jejunostomy	..	1	For duodenal ileus.
(*b*) Malignant—			
Laparotomy and colostomy	3	2	
Laparotomy and cæcostomy	..	1	
Laparotomy . .	..	2	
Ileo-transverse colostomy	1	..	
(*c*) Intussusception—			
Laparotomy and reduction	11	..	Appendicectomy in 2.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discbd.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
75. Intestinal obstruction—*continued.*			
(*c*) Intussusception — *continued.*			
Laparotomy . .	2	..	Spontaneous reduction.
Resection of colon and axial anastomosis	1	..	Chronic type occurring in an adult.
Lateral ileo transverse colostomy	..	1	
76. Rectum and anus—			
(*a*) Carcinoma—			
Perinæal excision and colostomy	6	..	
Perinæal resection .	1	..	
Abdomino-perinæal excision	1	..	
Colostomy . . .	17	1	Iliac, 9; hypogastric, 4; transverse, 5.
Laparotomy . .	1	2	
Excision of local recurrence	2	..	
Radical cure of inguinal hernia	1	..	
(*b*) Simple stricture—			
Iliac colostomy . .	1	..	
Incision of abscess .	2	..	
(*c*) Prolapse—			
Excision . . .	2	..	Perinæorrhaphy in 1.
Colopexy . . .	1	..	Also arthrodesis of sterno-clavicular joint.
Posterior fixation by plugging	1	..	
(*d*) Polypi—			
Excision . . .	3	..	
77. Hæmorrhoids—			
Ligature and excision .	85	..	Excision of fistula, 1; of fissure, 1.
Partial Whitehead's operation	6	..	
Complete Whitehead's operation	1	..	
Incision of abscess . .	2	..	
Carbolic injection . .	2	..	
78. Fissure and fistula-*in-ano*—			
(*a*) Fissure—			
Excision . . .	5	..	Ligature of hæmorrhoids, 2.
Incision . . .	2	..	
Stretching sphincter .	7	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE SYSTEM—*continued.*			
78. Fissure and fistula-*in-ano*—*continued.*			
(*b*) Fistula—			
Incision and curettage	14	..	
Excision	2	..	
79. Abdominal pain—			
Exploratory laparotomy	18	..	Appendicectomy, 8; cæcopexy, 2.
Cystoscopy	3	..	No definite lesion found in any case.
Sigmoidoscopy	2	..	
80. Constipation—			
Laparotomy	3	..	Appendicectomy, 3; cæcopexy, 1.
Lateral cæco-sigmoidostomy	1	..	
Sigmoidoscopy	2	..	
81. Dysentery—			
Resection of rib and drainage	..	1	For empyema.
82. Dyspepsia—			
Posterior gastro-jejunostomy	1	..	
Anterior gastro-jejunostomy	..	1	P.M. No evidence of ulcer.
Closure of gastro-jejunostomy	1	..	
83. Dysphagia—			
Œsophagoscopy	2	..	
85. Abdominal, various—			
(*a*) Visceroptosis—			
Appendicectomy	5	..	
Colopexy	3	..	
Gastropexy	1	..	
Cæcopexy	2	..	
Laparotomy	2	..	
Myomectomy	1	..	
(*b*) Neoplasms—			
Laparotomy	1	1	
Insertion of radium	1	..	
(*c*) Various			
Partial epiploectomy	2	..	For acute epiploitis.
Excision of polyp	1	..	
86. Foreign bodies in the alimentary canal—			
Œsophagoscopy and removal	7	..	
Œsophagoscopy	5	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE DIGESTIVE GLANDS.			
87. Salivary glands—			
(*a*) Parotid tumour—			
Excision of tumour	7	..	
Insertion of radium	2	..	
(*b*) Various—			
Removal of salivary calculus	3	..	
Excision of submaxillary gland	1	..	For primary carcinoma.
Incision of abscess	4	..	
88. Various diseases of the liver—			
(*a*) Cirrhosis—			
Exploratory laparotomy	..	2	Appendicectomy in 1.
(*b*) Various—			
Exploratory laparotomy	1	..	
Drainage of hydatid cyst	1	..	
89. Cholelithiasis—			
Cholecystostomy	15	..	
,, and dochotomy	6	..	
Cholecystectomy	40	1	Appendicectomy in 11.
,, and dochotomy	1	..	
Choledochotomy	1	..	
Cholecystotomy; no drainage	2	..	
Incision of abscess	1	..	
90. Gall-bladder, various—			
(*a*) Cholecystitis	..	..	In the absence of cholelithiasis.
Cholecystostomy	3	..	
Cholecystectomy	4	..	Appendicectomy in 1.
(*b*) Carcinoma—			
Laparotomy	..	2	
91. Jaundice—			
Laparotomy	1	..	
Cholecystotomy without drainage	1	..	
Splenectomy	..	1	Acholuric jaundice.
92. Pancreas—			
Laparotomy	1	2	1 case (fatal) of acute hæmorrhagic pancreatitis, remaining 7 carcinoma.
Cholecyst-gastrostomy	2	1	
Cholecyst-enterostomy	2	..	
DISEASES OF THE PERITONEUM.			
95. Tuberculous peritonitis—			
Laparotomy and appendicectomy	9	..	Cæcopexy, 1; oxygen inflation, 2.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discbd.	Result. Died.	Remarks.
DISEASES OF THE PERITONEUM—*continued.*			
95. Tuberculous peritonitis—*continued.*			
Ovariotomy	1	..	
Ileostomy	1	..	For subacute obstruction.
Tonsillectomy	1	..	
96. Peritonitis—			
(*a*) Peritoneal adhesions—			
Laparotomy	14	..	
Posterior gastro-jejunostomy	2	..	
Anterior gastro-jejunostomy	1	..	With entero-anastomosis.
Finney's operation	1	..	
Pylorectomy	1	..	
Cholecystendesis	1	..	
(*b*) Acute, of undiscovered origin—			
Laparotomy	2	4	
,, and appendicectomy	3	1	
Drainage of subphrenic abscess	..	1	
(*c*) Various—			
Laparotomy	1	..	For peritoneal cyst.
97. Hernia—			
A. Inguinal—			
(*a*) Reducible—			
Foster's operation	153	1	Fatal case, M., 47. 10-day; pulmonary embolism. Resection of ileum and axial anastomosis, 1; bilateral, 8.
Excision of sac	147	..	Bilateral, 7.
Bassini's operation	23	1	Bilateral, 4. Fatal case, M., 60. Cardiac failure 10th day.
Bloodgood's operation	2	..	Also orchidectomy, 1; orchidopexy, 2.
Insertion of filigree	2	..	Orchido-cœlioplasty, 3; circumcision, 2.
Exploration of inguinal canal	1	..	Dilatation of stricture, 1. Excision of varicose veins, 2; curetting adenoids, 1; radical cure of hydrocele, 6; of varicocele, 5; ligature of hæmorrhoids, 2; appendicectomy, 8; *viâ* sac, 7.
(*b*) Irreducible—			
Foster's operation	5	..	Bilateral, 1. Radical cure of hydrocele, 1.
Excision of sac	1	..	
(*c*) Strangulated—			
Foster's operation	11	..	Bilateral operation, 1.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE PERITONEUM—*continued.*			
97. Hernia—*continued.*			
A. Inguinal—*continued.*			
(*c*) Strangulated—*continued.*			
Excision of sac	11	1	
Laparotomy and entero-anastomosis	1	..	Acute obstruction 7 days after radical cure.
(*d*) Recurrent—			
Excision of sac	1	1	Tonsillectomy in the fatal case. P.M. status lymphaticus.
Foster's operation	7	..	Appendicectomy, 1.
Bassini's operation	2	..	
Bloodgood's operation	1	..	
Darning with silver wire	2	..	
B. Femoral—			
(*a*) Reducible—			
Excision of sac only	4	..	
Suture of Poupart-pectineus	23	..	Appendicectomy *viâ* sac, 1.
(*b*) Irreducible—			
Excision of sac only	2	..	Also radical cure of hydrocele, 1.
Suture of Poupart-pectineus from below	10	..	Appendicectomy, 1.
Suture of Poupart-pectineus from above	3	..	
(*c*) Strangulated—			
Excision of sac only	2	..	
Suture of Poupart-pectineus from above	1	..	
Suture of Poupart-pectineus from below	11	1	Invagination of gangrenous patch in bowel, 1.
Suture of Poupart and resection	..	2	
(*d*) Recurrent—			
Suture of Poupart-pectineus from below	2	..	
C. Umbilical and ventral—			
(*a*) Reducible and irreducible—			
Mayo's operation	21	..	Also appendicectomy, 1; ovariotomy, 1.
Excision of sac	3	..	
Excision of sac and plastic operation	11	..	Other than Mayo's operation.
Insertion of filigree	1	..	
Laparotomy	1	..	
Incision of abscess	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE PERITONEUM—*continued.*			
97. Hernia—*continued.*			
C. Umbilical and ventral—*continued.*			
(*b*) Strangulated—			
Mayo's operation	3	..	Resection of 6 in. ileum and axial anastomosis, 1.
Excision of sac and plastic operation	2	1	Appendicectomy in 1.
Incision of abscess	..	1	
(*c*) Recurrent—			
Mayo's operation	2	..	
Plastic operation	1	..	
D. Various—			
(*a*) Epigastric			
Excision of sac and plastic operation	5	..	Ligature of hæmorrhoids, 1.
(*b*) Hydrocele of hernial sac—			
Excision of inguinal sac	5	..	
Excision of femoral sac	2	..	
DISEASES OF THE LYMPHATIC SYSTEM.			
98. Adenitis—			
(*a*) Simple—			
Excision	9	..	
Incision	3	..	
(*b*) Tuberculous—			
Excision	58	..	Tonsillectomy in 3.
Incision and curetting	20	..	,, ,, 1.
99. Malignant glands—			
Excision	6	..	Insertion of radium in 1.
Incision	1	..	
Insertion of radium	4	..	
100. Lymphatics, various—			
Kondoléon's operation	1	..	
Lymphangioplasty	1	..	
DISEASES OF THE DUCTLESS GLANDS.			
102. Graves's disease—			
Partial thyroidectomy	29	2	Tonsillectomy in 1.
Evacuation of hæmatoma	1	..	
103. Diseases of the thyroid—			
(*a*) Adenoma—			
Hemithyroidectomy	22	..	Excision of lipoma, 1.
Excision	20	..	Radical cure of inguinal hernia, 1.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discbd.	Result. Died.	Remarks.
DISEASES OF THE DUCTLESS GLANDS—*continued.*			
103. Diseases of the thyroid—*cont.*			
(*b*) Parenchymatous goitre—			
Partial thyroidectomy .	6	..	
(*c*) Malignant disease—			
Excision . . .	1	..	
104. Ductless glands, various—			
Splenectomy . . .	1	..	
Excision of cyst of spleen.	1	..	
DISEASES OF THE GENITAL SYSTEM.			
105. Diseases of the breast—			
(*a*) Inflammatory—			
Removal of breast .	26	..	
Partial removal of breast	9	..	
Amputation of breast and clearing axilla	3	..	
Incision . . .	1	..	
(*b*) Simple tumours—			
Excision . . .	16	..	
Removal of breast .	6	..	
(*c*) Malignant tumours—			
Amputation and clearing axilla	70	1	
Amputation only . .	4	..	
Local excision (for diagnosis)	6	..	
Excision of recurrence .	4	..	
Insertion of radium .	2	..	
Lymphangioplasty .	1	..	
106. Testicle, undescended—			
Orchidopexy . . .	6	..	Radical cure of inguinal hernia, 3; of varicose veins, 1.
Orchidectomy. . .	2	..	Radical cure of inguinal hernia, 1.
Orchidocœlioplasty . .	2	..	,, ,, ,, 1.
Exploration of inguinal canal	1	..	
107. Testicle and epididymis—			
(*a*) Inflammatory—			
Incision . . .	2	..	Also dilatation of stricture, 1.
(*b*) Tuberculous—			
Orchidectomy . .	11	..	
(*c*) Neoplasm—			
Orchidectomy . .	2	..	
(*d*) Cyst of epididymis—			
Orchidectomy . .	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Died.	Remarks.
DISEASES OF THE GENITAL SYSTEM—*continued.*			
108. Hydrocele—			
(*a*) Of tunica vaginalis—			
Excision	15	..	Also radical cure of varicocele, 1 :
Eversion	3	..	[bilateral, 1.
Tapping	2	..	
(*b*) Of the cord—			
Excision	5	..	
109. For diseases of the ovary—			
Removal of one ovary	26	..	
,, of both ovaries	9	1	
Exploratory laparotomy	3	..	
110. For diseases of Fallopian tubes—			
Removal of one tube	5	..	
,, of both tubes	7	..	
111. For ectopic gestation—			
Removal of one tube	5	..	
,, of both tubes	7	..	
Laparotomy	..	2	
112. For menstrual disorders—			
Dilatation and curetting	55	..	
Radium applications	6	..	
Complete hysterectomy	2	..	
113. For abortion—			
Evacuation of uterus	15	..	
114. For diseases of the body of uterus—			
Dilatation and curetting	7	..	
Subtotal hysterectomy	24	..	
Complete hysterectomy	22	..	
Myomectomy	9	..	
Removal of polypi	7	..	
Radium application.	3	..	
115. For diseases of the cervix—			
Wertheim's operation	9	1	
Complete hysterectomy	2	..	
Subtotal hysterectomy	1	..	
Radium application.	7	..	
Removal of polypi	7	..	
Repair of cervix	2	..	
Curettage	4	..	
116. For pelvic inflammation—			
Laparotomy and drainage	2	..	
Posterior colpotomy and drainage	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discha.	Result. Died.	Remarks.
DISEASES OF THE GENITAL SYSTEM—*continued.*			
117. For diseases of vagina and vulva—			
Excision of new growths .	3	..	
„ of Bartholin cysts	4	..	
Dilatation and curettage .	1	..	
Incision of septum . .	2	..	
Radium application. .	4	..	
Excision or cauterization of caruncle	11	..	
Plastic operation . .	1	..	
118. For ruptured perinæum .	8	..	
119. For prolapse and displacements—			
Anterior colporrhaphy .	23	..	
Colpo-perineorrhaphy .	42	..	
Amputation of cervix .	9	..	
Ventral fixation . .	2	..	
„ suspension . .	7	..	
Subtotal hysterectomy .	1	..	
Complete hysterectomy .	1	..	
120. Genital, various—			
Dilatation and curetting .	7	..	
DISEASES OF THE URINARY SYSTEM.			
121. Mobile kidney—			
Nephropexy . . .	4	..	Pyeloplasty in 1.
Cystoscopy . . .	1	..	
122. (*a*) Renal calculus—			
Pyelolithotomy . .	17	..	Also ureterolithotomy and suprapubic lithotomy, 1.
Nephrolithotomy . .	3	..	Also ureterolithotomy and nephrectomy, 1.
Ureterolithotomy . .	1	..	
(*b*) Renal colic—			
Cystoscopy . . .	8	..	
123. Hydronephrosis— . .			
Nephrectomy . . .	3	..	
124. Pyonephrosis—			
Nephrectomy . . .	7	..	Preliminary pyelotomy in 1.
125. Kidney and ureter, various—			
(*a*) Pyelitis—			
Cystoscopy . . .	2	..	
(*b*) Tumour—			
Nephrectomy . .	3		

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE URINARY SYSTEM—*continued.*			
125. Kidney and ureter, various—*continued.*			
(*c*) Tuberculous kidney—			
Nephrectomy . .	5	..	Preliminary ureteric catheterization in all.
Cystoscopy only . .	1	..	Bilateral with active phthisis.
(*d*) Various—			
Drainage of perinephric abscess	4	..	
Laparotomy . .	1	..	
127. Chronic nephritis—			
Decapsulation of kidney .	2	1	Bilateral, 1. Fatal case, F., 19, died some time after from œdema of lung.
Exploration of kidney .	2	..	
128. Vesical calculus—			
Suprapubic lithotomy .	4	..	
129. Vesical, various—			
(*a*) Carcinoma—			
Partial cystectomy .	2	..	
Suprapubic cystotomy .	1	..	
(*b*) Papilloma—			
Defulgurization . .	6	..	Subsequent suprapubic excision, 2.
Excision . . .	7	..	
Transplantation of ureters	1	..	
Suprapubic cystotomy .	1	..	
Cystoscopy only . .	1	..	
(*c*) Cystitis—			
Defulgurization . .	1	..	For tuberculous cystitis.
Cystoscopy . . .	6	..	
130. Prostate—			
(*a*) Simple—			
One stage prostatectomy .	12	2	Removal of vesical calculus, 1.
Two stage prostatectomy, Type I	9	2	Initial suprapubic cystotomy.
Two stage prostatectomy, Type II	2	..	Continuous catheterization 7 days before operation.
Suprapubic cystostomy .	5	4	
Passing sounds . .	1	..	Previous partial prostatectomy.
(*b*) Malignant—			
One stage prostatectomy .	1	..	
Two stage prostatectomy, Type I	1	1	Insertion of radium, 1.
Suprapubic cystostomy .	4	1	„ „ 2; perineal incision, 1.
Laparotomy . . .	1	..	
Insertion of radium .	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discbd.	Result. Died.	Remarks.
DISEASES OF THE URINARY SYSTEM—*continued.*			
131. Urethra and external genitals			
(*a*) Phimosis—			
Circumcision	17	..	Also tonsillectomy, 1; passing sounds, 1.
Incision of paraphimosis	1	..	
(*b*) Carcinoma of penis—			
Amputation and clearing inguinal glands	2	..	
(*c*) Various—			
Removal of urethral calculus	1	..	By external penile urethrotomy.
Incision of abscess	..	1	
132. Urethral stricture—			
Passage of sounds only	28	..	
Continuous dilatation with Gouley catheter	8	2	In 2 fatals suprapubic cystotomy later for extravasation of urine in both.
External urethrotomy	4	1	Suprapubic cystotomy and retrograde catheterization, 2.
Suprapubic cystostomy	3	..	
Internal urethrotomy	2	..	Drainage of pelvic abscess in 1.
Suprapubic aspiration	..	1	
133. Urinary various—			
Cystoscopy	8	..	
135. Diseases of bursæ and tendons			
(*a*) Chronic—			
Excision of bursæ	14	..	
(*b*) Acute—			
Incision	5	..	
(*c*) Tuberculous—			
Curetting	1	..	
(*d*) Ganglion—			
Excision	4	..	
DISEASES OF THE OSSEOUS SYSTEM.			
136. Periostitis—			
Curetting	1	..	
137. Osteomyelitis—			
Incision and opening of medullary canal	9	3	Also amputation through thigh in one fatal. Amputation of middle third of leg for tuberculous disease of tibia. Sequestrotomy, 3.
Curetting	10	..	
Sequestrotomy	6	..	
Incision of subperiosteal abscess	1	..	
Amputation through thigh	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Result. Died.	Remarks.
DISEASES OF THE OSSEOUS SYSTEM—*continued.*			
139. Caries			
(*a*) Spinal—			
Albee's operation	2	..	
Aspiration of abscess	2	..	
Incision and curetting abscess	4	1	
(*b*) Various—			
Resection of rib	2	..	
Incision and curetting	5	..	
140. Necrosis—			
Sequestrotomy	14	..	
Incision of abscess	3	..	
Curetting	2	..	
141. Tumours—			
Excision of simple tumours	11	..	
Amputation through thigh	1	..	For sarcoma of femur.
,, ,, hip-joint	1	1	For myeloid sarcoma of tibia, 1. For sarcoma of femur, 1F.
,, of finger	1	..	For myeloid sarcoma, probably primary in tendon sheath.
Insertion of radium	1	..	
142. Bones, various—			
Exploratory osteotomy	1	..	
143. Amputation stumps—			
Laminectomy	1	..	For division of antero-lateral tract.
DISEASES OF THE ARTICULATORY SYSTEM.			
144. Shoulder—			
Excision of head of humerus	1	..	
Sequestrotomy	1	..	
145. Elbow—			
Arthroplasty	1	..	
Incision	1	..	
146. Wrist—			
Excision	1	..	
147. Sacro-iliac joint—			
Incision and curetting	1	..	
148. Hip—			
Arthrodesis	9	..	For osteoarthritis.
Excision of head of femur	1	..	
Osteotomy of femur	4	..	
Arthroplasty	1	..	
Sequestrotomy	2	..	
149. Knee—			
Excision	7	..	
Removal of loose cartilage	19	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result.		Remarks.
	Discbd.	Died.	
DISEASES OF THE ARTICULATORY SYSTEM—*continued.*			
149. Knee—*continued.*			
Removal of loose body	2	..	
,, of synovial fringes	2	..	
Arthrotomy	2	1	
Arthrectomy	1	..	
Amputation through the thigh	1	..	For tuberculous knee.
150. Ankle and tarsus—			
Syme's amputation	1	..	
Wrenching	1	..	
Arthrodesis of tarsal joints	1	..	
Incision	2	..	
151. Joints, various—			
Amputation of toe	1	..	
Excision of metatarso-phalangeal joint	1	..	
Wrenching	2	..	
DEFORMITIES.			
152. Talipes—			
Wrenching and plaster splints	18	..	
Arthrodesis of tarsal joints	14	..	Tendon transplantation, 2.
Tenotomy	18	..	,, ,, 1.
Tarsectomy	3	..	
Tendon transplantation	3	..	
153. Torticollis—			
Open tenotomy	7	..	
154. Genu valgum and varum—			
Osteotomy of femur	5	..	Osteotomy of tibia, 1.
155. Cicatricial contractures—			
Plastic operation	8	..	
Amputation of finger	1	..	
Tenotomy of tendo Achillis	2	..	
156. Hammer-toe—			
Excision of interphalangeal joint	6	..	Circumcision, 1.
Amputation of toe	1	..	
157. Pes planus, etc.—			
Wrenching and plaster splints	6	..	
Stoeffel's operation	1	..	
Tenotomy	2	..	
Arthrodesis of mid-tarsal joints	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Discha.	Result. Died.	Remarks.
DEFORMITIES—*continued.*			
157. Pes planus, etc.—*continued.*			
Excision head of 1st metatarsal	25	..	For hallux valgus.
Excision base of 1st phalanx	3	..	
158. Deformities, various—			
Tenotomy . . .	6	..	
Souttar's operation . .	1	..	
Excision of wrist . .	1	..	
Stoeffel's operation . .	5	..	
Arthrodesis of knee . .	1	..	
Amputation of toe . .	7	..	
Tendon transplantation .	1	..	
Osteotomy of tibia . .	1	..	
Tonsillectomy . .	1	..	
MALFORMATIONS.			
159. Hare-lip and cleft palate—			
Langenbeck's operation .	10	..	
Suture of lip . . .	7	1	
Replacement of prognathion	2	..	
160. Malformations of the head and neck—			
Excision of branchial fistula	2	..	
Excision of cervical rib .	4	..	Bilateral, 2.
Plastic operation on pinna	1	..	
161. Malformations of the trunk—			
Excision of meningocele .	2	..	
Plastic operation for hypospadias	5	..	Suprapubic cystotomy, 1.
162. Malformations of limbs—			
Osteotomy of radius and ulna	1	..	
Amputation of finger .	2	..	
,, of toe . .	1	..	
Operation for webbed fingers	1	..	
DISEASES OF THE AUDITORY SYSTEM.			
163. Chronic otitis media with mastoiditis—			
Radical mastoid . .	45	..	Skin-graft in 40.
Antrotomy . . .	4	..	
164. Acute mastoiditis—			
Antrotomy . . .	45	4	Ligature of internal jugular vein, 1.
Radical mastoid . .	2	..	Skin-graft in 2.

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Dischd.	Died.	Remarks.
DISEASES OF THE AUDITORY SYSTEM—*continued.*			
165. Auditory, various—			
Antrotomy	2	..	
Myringotomy	2	..	
DISEASES OF THE NERVOUS SYSTEM.			
169. Cerebral, various—			
Frazier's operation	1	..	For localized external hydrocephalus.
172. Epilepsy—			
Decompression	1	..	
173. Neurasthenia—			
Appendicectomy	1	..	
174. Tabes—			
Amputation of toe	1	..	
Incision of abscess	1	..	
177. Intracranial tumour—			
Decompression and removal	3	1	
,, only.	2	1	
180. Paraplegia—			
Förster's operation	1	..	Tenotomy.
Laminectomy	1	..	
181. Neuralgia—			
Division of sensory root of fifth nerve	2	..	
Division of ilio-inguinal nerve	1	..	
Excision of coccyx	3	..	
185. Various system lesions of the cord—			
Laminectomy	1	..	
INJURIES, POISONS AND UNCLASSIFIED.			
186. Injuries of the head—			
Decompression	5	2	Celluloid plate, 1. 5 were cases of compound fracture, 2 of which proved fatal.
Amputation of arm	..	1	
Incision of abscess	2	..	
Suture of scalp	8	..	
Insertion of celluloid plate	1	..	Old fracture of vault of skull.
187. Injuries of the neck—			
Suture of cut throat	3	1	
188. Injuries of the upper extremity—			
Open reduction of fractured humerus	3	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result.		Remarks.
	Disch'd.	Died.	
INJURIES, POISONS AND UNCLASSIFIED—*continued.*			
188. Injuries of the upper extremity —*continued.*			
Open reduction of fractured radius and ulna	7	..	Osteotomy of radius and excision of head of ulna, 1.
Open reduction of fractured radius and fixation	4	..	Plate, 1. Inlay peg graft, 1. Wired, 1. Sutured, 1.
Open reduction of radius and Adams's clip	1	..	
Excision of head of ulna	1	..	
Wiring fractured oleocranon	3	..	
Excision of scaphoid	2	..	
Suture of tendons	16	..	
,, of wounds	2	..	
Incision of abscess	1	..	
Amputation of arm	1	..	
,, of forearm	1	..	
,, of fingers	8	..	
Removal of foreign bodies	1	..	
189. Injuries of the thorax—			
Laparotomy	..	1	
190. Injuries of the abdomen—			
Laparotomy	1	3	Appendicectomy, 1.
Suture of rectus abdominis	1	..	
191. Injuries of the genito-urinary system—			
Laparotomy and nephrectomy	..	1	
Amputation of penis	1	..	
192. Fractured pelvis—			
Suture of wounds	1	1	
193. Injuries of the lower extremity			
Plating femur	2	..	
Clipping femur	3	..	Reclipping, 1.
Excision of wounds	5	..	
Wiring fractured patella	5	..	
Suturing fractured patella	4	..	
Autogenous bone-grafting of tibia	1	..	
Sequestrotomy	2	..	
Suture of wounds	1	1	
Open reduction of Pott's fracture	2	..	Tenotomy tendo Achillis, 1.
Plating tibia	1	..	
Pegging tibia	1	..	
Clipping tibia	1	..	Removed later.
Excision of spur on tibia	1	..	

TABLE II—*continued.*

DISEASE AND OPERATION.	Result. Disch'd	Died.	Remarks.
INJURIES, POISONS AND UNCLASSIFIED.			
193. Injuries of the lower extremity —*continued.*			
Excision of spur on os calcis	1	..	
Amputation through leg .	1	1	
Astragalectomy . .	1	..	
Tenotomy of tendo Achillis	1	..	
Suturing ruptured tendons	2	..	
Amputation of toe . .	1	..	
Removal of foreign bodies	3	..	
195. Injuries of the joints—			
Open reduction of dislocated shoulder	2	..	
Excision of head of humerus	1	..	
Arthroplasty of finger .	1	..	
Excision of semilunar .	1	..	
Open reduction of dislocated thumb	2	..	
Arthrotomy of knee. .	2	..	Removal of bullet, 1.
196. Injuries of the nerves—			
Suture	5	..	
Neurolysis . . .	1	..	
197. Ununited and malunited fractures—			
Plating femur . .	1	..	Removed later.
Osteotomy of tibia and fibula	4	..	Bone-grafting, 1.
Osteotomy of radius and ulna	2	..	,, ,, 1.
Bone-grafting tibia . .	1	..	
Plating humerus . .	..	1	
Tenotomy . . .	1	..	
Sequestrotomy . .	1	..	
Arthrodesis of ankle .	2	..	
Arthroplasty of ankle .	1	..	
Arthrodesis of tarsal joints	1	..	
Amputation of toe . .	1	..	
Removal of loose fragments	2	..	
,, ,, plate .	1	..	
198. Burns and scalds—			
Radical cure of inguinal hernia	1	..	Foster's method.
	4175	148	=3·5 per cent. total mortality.

A REVIEW OF THE RESULTS OF OPERATION FOR CHOLELITHIASIS DURING THE TEN YEARS 1911–1920.

By R. H. O. B. ROBINSON, M.B., B.Ch.Cantab., F.R.C.S.Eng.

This report deals with cases of cholelithiasis operated on in the Hospital during the period of 10 years 1911–1920, with particular reference to the end-results of operation.

A minimum of 3 years has elapsed since the discharge of any patient.

Table 1 shows all cases admitted to the Hospital suffering from cholelithiasis.

Table 1.

	A.	B.	C.	D.	E.	F.
1911 . .	60	58	35	16	2	2
1912 . .	58	54	39	28	4	4
1913 . .	59	52	30	21	7	6
1914 . .	57	49	31	17	8	7
1915 . .	64	61	41	28	3	3
1916 . .	74	72	40	28	2	2
1917 . .	42	38	27	21	4	3
1918 . .	43	37	28	23	6	6
1919 . .	45	42	34	30	3	3
1920 . .	56	53	42	32	3	2
	558	516	347	244	42	38

Column A shows the total number of cases, discharged and died, in each year—558 in all.

Column B shows the total number of cases discharged in each year—516 in all.

Column C shows the total number of cases submitted to operation and subsequently discharged—347 in all.

Column D shows the total number of cases—shown in column C where the after-history could be traced—244 in all.

Column E shows the total number of cases died during each year.

Column F shows the total number of cases died in the Hospital following operation.

It will be seen that the operative mortality was 38 out of 347 cases, or 11 per cent.

Further, out of the 347 cases operated on and subsequently discharged, 244, or 70 per cent., have been traced subsequently.

Table 1 shows all cases *once* only. Thus a case admitted in 1911 and readmitted in 1919 is shown only under 1911, and, if it proved fatal on readmission in 1919, it is shown under the fatal cases of 1911.

Consequently any cases admitted during 1911–1920 in which admission to the Hospital for cholelithiasis had occurred prior to 1911 is *not* included in this paper, and in the same way re-admissions occurring between 1920 and the present time, of cases originally admitted during 1911 and 1920 are shown under the year of first admission.

TABLE 2.

Age.	10—				20—				30—				40—				50—				60—				70—				10—80			
Total.	Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.		Dischd.		Died.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1911	..	..	..	..	..	..	..	3	..	..	2	3	..	1	2	8	..	..	1	10	..	1	5	1	..	..	..	..	..	..	10	25	..	2
1912	..	..	..	..	..	1	..	..	1	7	..	..	3	8	..	1	3	9	..	1	2	4	..	2	..	1	..	..	9	30	..	4
1913	..	..	..	..	..	1	..	..	1	5	..	..	5	8	..	1	..	8	3	2	..	2	..	..	..	..	..	..	6	24	3	3
1914	..	1	..	..	..	3	..	..	3	7	..	1	1	6	1	..	..	6	2	2	2	1	..	1	..	1	..	..	6	25	3	4
1915	..	..	..	..	..	1	..	1	1	6	..	..	1	6	..	..	..	14	1	..	4	6	1	..	..	2	..	..	6	35	2	1
1916	..	..	..	..	1	4	..	..	4	4	..	..	4	5	1	1	5	7	..	..	..	4	..	..	..	2	..	..	14	26	1	1
1917	..	..	..	..	..	2	..	..	1	5	..	..	4	7	..	..	..	4	1	2	1	3	..	..	..	..	..	..	6	21	1	2
1918	..	..	..	1	3	..	..	..	1	5	..	..	3	5	3	1	..	5	..	1	2	3	..	1	..	..	..	..	7	21	3	3
1919	..	..	..	..	1	..	..	..	..	3	..	..	5	7	..	1	3	6	..	2	2	7	..	..	..	..	..	..	11	23	..	3
1920	..	..	..	..	..	3	..	..	1	5	..	..	3	10	1	..	2	11	..	..	1	4	..	..	..	2	..	1	7	35	1	1
	..		1	..	..	3	21	..	1	15	50	..	2	31	70	6	5	14	80	7	11	19	35	1	4	..	8	..	1	82	265	14	24
																													347		38	
																													385			

Table 2 shows the 385 cases operated on, discharged and died, arranged in age-groups and sexes.

This shows the greater prevalence in the female sex as roughly 3 : 1. The youngest patient was 19 years of age, and the oldest 79.

Table 3 shows the 244 cases whose fate subsequent to operation could be traced, showing the ultimate result. To arrive at this a letter was sent out to each, asking for a personal interview if possible. This was given by 84, or just over a third.

TABLE 3.

	Dischd.	C.	R.	N.
1911 . . .	16	9	1	6
1912 . . .	28	16	7	5
1913 . . .	21	11	4	6
1914 . . .	17	14	1	2
1915 . . .	28	17	3	8
1916 . . .	28	16	4	8
1917 . . .	21	14	4	3
1918 . . .	23	15	3	5
1919 . . .	30	19	3	8
1920 . . .	32	23	5	4
	244	154	35	55

Failing personal interview, two questions were asked :

1. Whether there had been any recurrence of symptoms similar to those before the operation.
2. Whether the condition of the scar was satisfactory.

Column C shows all cases which appeared up to the time of writing, cured.

TABLE 4.

		1911.				1912.				1913.				1914.				1915.				1916.			
		C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.
Cholecystostomy . .	147	5	..	4	1	5	3	3	2	6	3	3	2	5	1	2	2	13	3	8	3	6	4	8	1
Cholecystectomy . .	79	1	1	..	1	7	2	..	1	2	..	1	..	4	..	..	1	3	..	..	..	8	..	1	..
Cholecystostomy + dochostomy	34	2	..	2	..	3	2	1	..	3	..	3	3	2	..	1	..	1	..	..	..	1	..	..	..
Cholecystectomy + dochostomy	11	..	..	..	..	1	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Choledochostomy . .	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Cholecystotomy (without drainage)	4	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Cholecyst-duodenostomy .	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
	282	9	1	6	2	16	7	6	3	11	4	7	5	14	1	3	6	17	3	8	3	16	4	9	1

TABLE 4—*continued.*

	1917.				1918.				1919.				1920.				1911–1920.			
	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.	C.	R.	N.	D.
Cholecystostomy . . .	5	3	3	1	9	2	5	1	9	2	5	..	3	1	3	..	66	22	45	13	146
Cholecystectomy . . .	4	1	1	..	6	1	1	..	8	..	3	1	17	3	1	1	60	8	7	5	80
Cholecystostomy + dochostomy	2	..	..	1	..	..	..	1	1	1	1	..	1	1	..	1	16	4	8	6	34
Cholecystectomy + dochostomy	1	..	..	..	..	..	..	2	1	..	..	1	2	..	..	..	7	1	..	3	11
Choledochostomy . . .	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	2	5
Cholecystotomy (without drainage)	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	2	1	4
Cholecyst-duodenostomy . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2
	14	4	4	2	15	3	6	5	19	3	9	2	23	5	4	2	154	35	62	31	282

Column R shows all cases, which without having any definite symptoms of disease of the biliary apparatus, could not be classed as cures.

Column N shows all cases which redeveloped definite symptoms of cholelithiasis, and the majority of which underwent subsequent operation.

The percentages are: Cured, 63 per cent.; relieved, 14 per cent.; recurrent symptoms, pointing to the presence of cholelithiasis, 23 per cent.

Table 4 shows the various operations performed with their end-result, 282 in all.

This table only shows operations performed on cases on admission for the *first* time, *i. e.* they are all primary operations on the biliary tract.

If any proved fatal, they are shown in the columns headed D.

TABLE 4A.

	Totals.	C.	R.	N.	?	F.
Cholecystostomy	1	..	..	..	1	..
Cholecystectomy	17	2	2	2	6	5
Cholecystostomy + dochostomy	3	..	..	2	1	..
Cholecystectomy + dochostomy	3	1	..	..	2	..
Choledochostomy	3	2	1	..	..	..
Cholecyst-duodenostomy	2	1	1	..	..	..
Curetting	2	..	..	1	1	..
Laparotomy	6	2	..	1	1	2
Cholecystotomy	..	..	..	..	..	..
	37	8	4	6	12	7

TABLE 4B.

	I	II.	Per cent.
Cholecystostomy	147	13	8·8
Cholecystectomy	97	10	10·3
Cholecystostomy + dochostomy	37	6	16·2
Cholecystectomy + dochostomy	14	3	21·4
Choledochostomy	8	2	25
Cholecyst-duodenostomy	4	1	25
Curetting	2	..	..
Laparotomy	6	2	..
Cholecystotomy	4	1	..
	319	38	

Table 4A shows the various secondary operations performed on readmission, with their end-result.

Table 4B shows the total mortality of the different operations, Column I being the total number of operations, both primary and secondary, Column II the total number in which death was attributable to operation.

In passing it will be noticed that the mortality of cholecystostomy was 13 out of 147, or 8·8 per cent., that for cholecystectomy 10 out of 97, or 10·3 per cent.

If, however, we take those cases in which cholecystectomy was performed as the primary operation, and not after some other had failed, we see (in Table 4) that it was 5 out of 80, or

6·3 per cent. The recurrent-rate of cholecystostomy was 33 per cent., of cholecystectomy 9·3 per cent.

It should be pointed out that the mortality rates are only used for purposes of comparison; they are about 30 per cent. higher than was actually the case for the following reason:

There were 347 cases operated on and discharged, but only 244 have been traced.

There were 38 cases operated on and died, all of which have been included.

Out of the 282 cases under consideration, 244 discharged, 38 died, the following points were noted:

(1) Family history of cholelithiasis, 8.

(2) History of antecedent typhoid fever, 12; in one of these a specimen of bile was examined, and gave a pure culture of *B. typhosus.*

(3) Specimens of bile or fluid from the gall-bladder were examined in 25 cases, with the following result: Sterile, 8; *B. coli*, 5; streptococci, 6; staphylococci, 5; *B. typhosus*, 1.

(4) Carcinoma of the gall-bladder, 5; carcinoma of the common bile-duct, 1.

(5) Internal fistula between the gall-bladder and intestine, 1.

(6) As regards the incidence of jaundice in those cases with stones in the common bile- or hepatic ducts, 41 in number, jaundice was present in 40, and in those with stones in the cystic duct or gall-bladder, jaundice occurred at some period during the history of the case in 103 out of 281.

(7) Acute cholecystitis at time of operation, 42.

(8) Definite proved cases of stones overlooked in the common bile-duct, 17.

To turn to a consideration of the various operations in detail: Cholecystostomy, 146.

66 *cases are shown as cured.* In 40 of these the condition of the gall-bladder was such as would lead one to expect that further symptoms would occur in the future—that is to say the gall-bladder was adherent, thickened, and contained in many pus or mucus only.

From a survey of the operative findings and subsequent course of the cases, prognosis seems almost impossible. We stand in great need of more information concerning the recuperative

TABLE 5.—*Showing Details of Unsuccessful*

Year.	No. in Records.	Sex.	Age.	Name	History.	State.	Operative findings.
1911	89·18	F.	57	M. C—	Many years' indigestion. 6 months' attacks subcostal pain referred right shoulder with vomiting	Palpable tender enlarged gall-bladder	Mucocele of very enlarged gall-bladder. Full of stones and bile. Ducts free. Bile = *B. coli*
,,	89·24	F.	46	F. S—	3 weeks' right subcostal pain with exacerbations. No vomiting	Tender palpable mass in region of gall-bladder	Numerous adhesions and localized abscess round gall-bladder. Gall-bladder full of pus and stones
,,	89·27	F.	20	L. C—	11 months. 5 attacks of severe epigastric colic referred to shoulders with vomiting and jaundice	Slight tenderness over region of gall-bladder	Enlarged gall-bladder. Stone impacted in cystic duct
,,	89·35	M.	42	J. V—	14 years' attacks of epigastric colic with vomiting. Very severe with rigors and jaundice last attack	Tender and rigid over gall-bladder. Urine contains bile	Inflamed thickened gall-bladder containing 4 stones. Ducts free
1912	89·7	M.	48	F. G—	3 years' attacks of epigastric pain, twice followed by jaundice	Slight tenderness over gall-bladder. Jaundiced. Urine contains bile	Numerous adhesions round gall-bladder, which was full of small stones
,,	89·45	F.	38	E. W—	8 years. 2 attacks of subcostal colic referred to right shoulder with vomiting, shivering and jaundice	Tender over gall-bladder. Slight pyrexia. Jaundice. Urine contains bile	Small gall-bladder containing 14 stones and mucus only. No adhesions. Ducts free
1913	89·20	F.	43	E. G—	Typhoid ulcer 12 years old. 3 attacks of subcostal colic in 12 months referred to right shoulder with vomiting and jaundice	Very tender over gall-bladder. Intense jaundice. Urine contains bile	Very small, hard and contracted gall-bladder containing many stones
,,	89·21	F.	57	E. B—	Several years' mild attacks of epigastric pain. Very severe with vomiting 2 days before admission	Palpable tender mass in region of gall-bladder. Localized rigidity. High temperature. Tenderness over gall-bladder. Jaundiced. Urine contains bile	Acute cholecystitis. Gall-bladder full of foul-smelling fluid, stones and gravel
,	89·35	F.	56	A. F—	1 month ago subcostal colic with vomiting and shivering followed by jaundice and pruritus		Adherent gall-bladder full of pus and stones
1914	89·15	F.	46	A. K—	3 attacks of epigastric colic referred to the back with vomiting in 5 months	Tenderness and rigidity over gall-bladder	Slightly distended gall-bladder containing numerous stones
1915	89·5	M.	62	A. P—	2 years attacks of subcostal colic referred to back with vomiting	Palpable tender gall-bladder	Very distended gall-bladder containing many stones and thin pus. Ducts clear. Pus = *Staph. albus*
,,	89·38	F.	58	H. B—	6 years. 3 attacks of epigastric colic referred to right shoulder followed by jaundice with rigors	Very tender and rigid over gall-bladder	Very thick contracted gall-bladder containing 20 stones and surrounded by adhesions. Ducts free
,	89·52	F.	34	E. J—	12 months' indigestion. Attack of subcostal colic referred to right shoulder with vomiting 14 days ago	Palpable tender mass in region of gall-bladder. Localized rigidity	Thickened gall-bladder. Mucocele containing many stones. Ducts free

Non-fatal Cases of Cholecystostomy.

Immediate result.	Nature of recurrence.	Treatment.	Operative findings.	Result.
Drained bile freely	Persistent fistula for 4 months	Cholecystectomy	Stone in common duct. Gall-bladder = No evidence of malignancy	C.
No drainage	Intermittent fistula. Readmitted 1913	Curetted	—	—
Slight drainage. Suppurated	Attacks of colic since 1918	—	—	—
Drained freely	Attack of colic 6 months later	Cholecystostomy and dochostomy	Stone in common bile-duct. Gall-bladder free	N. Died 1913.
Drained very freely	Recurrent colic with jaundice for 4 months. Readmitted 1915. Recurrent colic with jaundice 2 months. Readmitted 1919	Cholecystostomy and retroduodenal-dochostomy. Cholecystostomy	2 stones in retro-duodenal part of common duct. Numerous adhesions. Dense adhesions. Thickened gall-bladder full of stones. Drained freely	N. Unknown.
Drained very little	Recurrent colic without jaundice in March, 1922	—	—	—
Drained freely	Recurrent colic with jaundice, June, 1922. Chronic indigestion	—	—	—
Drained little bile	Recurrent symptoms as before. Much pain and dyspepsia. Never severe	—	—	—
Drained little	Persistent fistula for 1 month	Cholecystectomy	Thickened gall-bladder in localized abscess cavity	Unknown.
Suppurated	Recurrent colic with jaundice in Dec., 1922	—	—	—
Drained bile freely	Recurrent colic in 1916	Cholecystectomy	Very adherent thickened gall-bladder with 2 stones in cystic duct.	R.
—	Recurrent colic in 1919	Laparotomy elsewhere	Carcinoma of gall-bladder	Died.
No drainage	Recurrent colic with jaundice. Readmitted 1916	Cholecystectomy and transduodenal dochostomy	Very adherent, thickened gall-bladder. Stone in ampulla of Vater	C.

TABLE 5—

Year.	No. in Records.	Sex.	Age.	Name.	History.	State.	Operative findings.
1915	89·53	F.	37	J. W—	12 months' dull pain in region of gall-bladder referred to back	Palpable enlarged gall-bladder	Mucocele of gall-bladder containing stones. Fluid = sterile
,,	90·9	F.	65	K. S—	12 months. 2 attacks of subcostal colic referred to right shoulder with vomiting	Tenderness and rigidity over gall-bladder. Slight pyrexia	Thickened, inflamed gall-bladder. Adherent to colon. Full of pus and stones
,,	89·37	F.	63	J. S—	—	—	—
,,	90·40	F.	40	J. F—	1911. Cholecystostomy following several years' attacks of biliary colic	Rigid and tender over gall-bladder. Urine = bile	79 stones removed from gall-bladder
,,	90·7	F.	45	M. L—	10 years. Attacks of subcostal colic referred to right shoulder with vomiting and jaundice	Operation elsewhere in 1912	—
1919	90·6	M.	59	F. N—	1915. Attack of colic	Operation elsewhere in 1915	Stones in gall-bladder
1916	89·7	M.	39	S. G—	2 months' duration. 3 attacks of epigastric colic referred to back	Tender and rigid over gall-bladder. Slight jaundice	Gall-bladder surrounded by adhesions and full of stones
,,	89·21	M.	29	A. S—	4 months' continuous subcostal pain referred to back and right shoulder with attacks of vomiting	Very tender and rigid over gall-bladder. Slight pyrexia	Gall-bladder full of stones
,,	89·35	F.	38	F. C—	8 weeks' attacks of subcostal colic referred to back and right shoulder with vomiting	Tender and rigid over gall-bladder	Gall-bladder full of small stones
,,	89·36	F.	53	M. C—	5 weeks' attacks of subcostal pain referred to right shoulder with sweating and occasional vomiting	Tender palpable gall-bladder	Very adherent thickened gall-bladder full of soft stones
,,	89·46	F.	30	E. H—	Typhoid in 1915. Attack of subcostal colic with vomiting and followed by jaundice 1 month ago	Tender over gall-bladder. Widal reaction = negative	Very adherent, thickened gall-bladder containing one stone
,,	89·65	F.	54	H. S—	Many years. Attacks of colic referred to back with vomiting, and followed by jaundice. Last attack 7 days ago	Tenderness and rigidity over gall-bladder. Pyrexia	Enlarged gall-bladder containing 6 stones
,,	89·49	F.	60	E. K—	Chronic indigestion. 2 years' attack of subcostal colic with vomiting. Jaundice once	—	Contracted thickened gall-bladder full of stones. Ducts free
1917	89·16	F.	32	A. B—	Dyspepsia. 3 months' attacks of epigastric colic with vomiting. Noticed a "lump" on right side	Palpable tender mass in region of gall-bladder	Gall-bladder full of stones
,,	89·25	F.	48	A. E—	5 months' attacks of subcostal colic referred to right shoulder with vomiting followed by jaundice	Palpable tender mass. Intense jaundice. Urine contains much bile	Very thickened adherent gall-bladder full of stones
1918	89·12	F.	50	J. B—	8 months' attacks of colic referred to right shoulder with vomiting and followed by jaundice	Tenderness and rigidity over gall-bladder	Large distended gall-bladder containing blood-stained bile and several large stones

continued.

Immediate result.	Nature of recurrence.	Treatment.	Operative findings.	Result.
—	9 months' recurrence of pain. Readmitted 1920	Cholecystectomy	Numerous adhesions. Thickened gall-bladder. No stones	N.
Very little drainage	Recurrent colic with jaundice September, 1921. Died	—	—	—
—	Recurrent colic with jaundice for 6 months 1915	—	—	—
—	Recurrent colic ever since with persistent fistula, 1915	Cholecystostomy and dochostomy	Pus and stones in common bile-duct	Unknown.
—	Recurrent colic 6 months later	Cholecystectomy	Mass of adhesions. Ducts clear. Bile = sterile	Unknown.
—	Recurrent colic for 12 hours. Readmitted 1919	Cholecystectomy	Acute cholecystitis. Gall-bladder full of stones adherent to duodenum and omentum. Perforation at fundus. Local peritonitis. Died 1922 —" carcinoma of liver "	N.
Drained freely	Recurrence of epigastric colic	—	—	—
Drained very little	Recurrence of colic with jaundice 12 months later. Readmitted 1921	Cholecystectomy	Gall-bladder thickened and full of stones	Unknown.
Drained very little	Recurrence of colic last 12 months	—	—	—
Drained freely	Recurrence of colic	Operation elsewhere	-	—
Drained	Recurrence of colic. No jaundice	—	—	—
Drained freely	Recurrence of pain and vomiting	—	—	—
—	Recurrence of colic with jaundice ever since. Readmitted	Cholecystectomy and retro-duodenal dochotomy	Many adhesions round gall-bladder and ducts. 2 stones in ampulla	Unknown.
Drained very little	Recurrence of colic	—	—	—
Drained freely	Recurrence of colic last 12 months	—	—	—
Drained freely	Recurrence of colic	—	—	—

TABLE 5—

Year.	No. in Records.	Sex.	Age.	Name.	History.	State.	Operative findings.
1918	89·13	F.	42	A. B—	3 months' attacks of epigastric colic referred to back and right shoulder	Palpable gall-bladder	Gall-bladder contained pus and 9 stones
,,	89·17	F.	51	A. D—	12 months' dyspepsia, worse last 2 months with hæmatemesis and melæna	Tenderness in epigastrium. X rays= no evidence of ulcer. Free HCl = 0	Gall-bladder contained bile and 2 stones. Stomach and duodenum normal
,,	89·21	F.	36	A. H—	2 years' attacks of colic. Has noticed a "lump" on right side	Tender palpable gall-bladder	Enlarged thickened gall-bladder containing 3 large stones
1919	89·9	M.	45	J. L—	Typhoid in 1902. Attacks of subcostal colic referred to back. Last 1 month ago followed by slight jaundice	No tenderness. Urine contains bile	Small contracted gall-bladder containing 6 stones
,,	89·22	F.	62	A. H—	3 months' attacks of subcostal colic with vomiting	Tenderness in region of gall-bladder. Umbilical hernia	Gall-bladder full of stones
,,	89·31	F.	48	E. N—	2 years' dull subcostal pain. 3 months' attacks of colic with vomiting and jaundice. Noticed "lump" in side	Palpable tender gall-bladder	Gall-bladder full of stones
1920	89·3	M.	48	C. C—	4 months. 2 slight attacks of colic and vomiting followed by jaundice	Palpable gall-bladder	Adherent gall-bladder containing pus and stones
,,	90·9	F.	36	M. G—	48 hours' acute subcostal pain and vomiting. 4 days previously pain in right shoulder	Tenderness over gall-bladder. Pyrexia	Distended gall-bladder adherent to colon containing 4 stones and pus = *B. coli*
,,	90·14	F.	30	G. P—	48 hours' acute subcostal pain and vomiting. Previous attacks of colic	Very tender and rigid over gall-bladder. Pyrexia	Stone impacted in cystic duct
1919	90·12	F.	58	M. T—	14 days' ago attack of subcostal colic lasting 3 days. Noticed "lump" Second attack 24 hours ago	Tenderness and rigidity over gall-bladder. Slight pyrexia	Normal gall-bladder containing many stones

continued.

Immediate result.	Nature of recurrence.	Treatment.	Operative findings.	Result.
Drained freely	Recurrence of colic	—	—	—
Drained	Recurrence of colic with jaundice. Chronic dyspepsia	—	—	—
Drained freely	Recurrence of dull pain with jaundice 6 weeks. Readmitted 1921	Cholecystectomy	Many adhesions No stones in gall-bladder	R.
Drained very freely	Fistula ever since. Readmitted 1920	Choledochostomy	Many adhesions. Stone in common bile-duct. Bile = *B. coli*	C.
Drained	Recurrence of colic with jaundice 6 weeks ago. Readmitted 1923.	Cholecyst-duodenostomy	Gall-bladder adherent to abdominal wall. No stones; ducts free. Head of pancreas hard	C.
Drained	Recurrence of colic with jaundice ever since. Readmitted 1920.	Cholecystectomy	Thickened gall-bladder with 2 stones in cystic duct	Unknown.
Drained little	Persistent fistula. Readmitted 1921	Cholecystectomy	—	C.
Drained little	Persistent fistula. Readmitted 1921	Curetted	Stones removed	Unknown.
Drained freely	Persistent fistula. Readmitted 1 month later	Cholecyst-duodenostomy	Gall-bladder adherent to stomach and colon. Head of pancreas hard	R.
Drained freely	Recurrence of colic with jaundice. Readmitted 3 months later	Laparotomy	Adhesions round normal gall-bladder	C.

powers of the gall-bladder. In one of the cured cases, cholecystostomy had been performed elsewhere 12 months before admission. Biliary colic recurred. Exploration here revealed a very thickened gall-bladder, which was drained. Up to date, 4 years later, the patient reports cured.

22 *cases are shown as relieved.* In 13 of these the operative findings with regard to the gall-bladder were similar to those described above.

45 *cases were unsuccessful.* These are set out at length. 39 cases, which were discharged, are shown in Table 5, the remaining 6, which died, are shown in the second part of the table of fatal cases, Table 10.

The recurrent symptoms were: Biliary colic, 33; abdominal pains exactly similar to that before primary operation, 3; biliary colic and persistent fistula, 1; persistent biliary fistula, 8.

At the primary operation, 22 out of the 45 showed gross disease of the gall-bladder.

Secondary operations were performed and the findings recorded in 26 out of the 45 as follows: Acute cholecystitis, without stones, 1; with stones confined to the gall-bladder, 1; with stones in common bile-duct, 1; chronic cholecystitis, without stones, 8; with stones confined to the gall-bladder, 5; with stones in the common bile-duct, 7; without stones, and with chronic pancreatitis, 2; carcinoma of the gall-bladder, 1.

Therefore 18 of the above 26 cases were directly attributable to the fact that the gall-bladder was not removed at primary operation, the remaining 8 to stones overlooked in the common duct.

Table 6 shows the secondary operations performed with their end-results.

Table 6.

	Totals.	?	C.	R.	N.	F.
Cholecystostomy	1	..	..	..	..	1
Cholecystectomy	13	4	2	2	1	4
Cholecystostomy + dochostomy	3	1	..	..	2	..
Cholecystectomy + dochostomy	3	1	1	..	1	..
Choledochostomy	1	..	1	..	..	..
Cholecyst-duodenostomy	2	..	1	1	..	..
Laparotomy	2	..	1	..	..	1
	25	6	6	3	4	6

Cholecystectomy, 80.

60 *cases were definitely cured*, 8 *were relieved*, 7 *were unsatisfactory*, and are set out at length—6, which were discharged, in Table 7, and 1, which died, in the second part of Table 10.

Recurrent symptoms were as follows: Biliary colic, 4; abdominal pain exactly similar to before operation, 1; persistent biliary fistula, 1; severe symptoms pointing to acute pancreatitis, 1; operations were performed in 4, and revealed stones in the common bile-duct, 2; stones in the common bile-duct and acute pancreatitis, 1; stitch sinus due to silk ligature on stump of cystic duct, 1.

Cholecystostomy and Dochostomy, 34. Fatal 6.

Deep jaundice at time of operation, 13. Fatal, 3.

Common duct reached by retroduodenal route, 3; by the transduodenal route, 1.

16 *cases are shown as cured.* In 12 of these the gall-bladder was the seat of well-marked chronic cholecystitis with adhesions.

4 *cases were relieved.* In 2 the gall-bladder was grossly diseased. 1 case had had cholecystostomy performed elsewhere in 1919. Attacks of biliary colic followed by jaundice supervened with a persistent biliary fistula. Operation here in 1920 revealed a stone in the ampulla of Vater.

8 *cases were unsatisfactory.* These are set out at length in Table 8.

Recurrent symptoms were as follows: Biliary colic, 7; increasing asthenia and death one month after discharge in a case of carcinoma of the common bile-duct.

Secondary operations were performed in 3, revealing: Chronic cholecystitis, without stones, 2; with stones in the gall-bladder and common bile-duct, 1.

1 case had had cholecystostomy performed elsewhere 2 years before admission. Operation here revealed stones in the gall-bladder, the common duct being explored, but no stones found. 6 months after discharge biliary colic recurred. A third operation revealed chronic cholecystitis without stones.

Cholecystectomy and Dochostomy, 11. Fatal, 3.

Deep jaundice at time of operation, 4. Fatal, 2. Common duct reached by the transduodenal route, 1.

7 *cases were definitely cured.* 1 of these had had cholecystostomy performed 12 years previously and 27 stones removed from the gall-bladder. 18 months later colic recurred. Operation

TABLE 7.—6 *Unsuccessful Non-fatal*

Year	No.	Sex.	Age.	Name.	History.	State.	Operative findings.
1916	89·15	M.	32	T. L—	3 weeks. Attacks of subcostal colic referred to back with vomiting and followed by jaundice. Noticed a "lump"	*Nil* palpable. No tenderness	Gall-bladder thickened and full of stones. Cystic duct and ampulla left
1917	89·21	F.	56	M. C—	Many years' dyspepsia. 3 weeks. Attack of colic with vomiting followed by jaundice and pruritus	Tenderness over gall-bladder. Jaundice. Urine contains much bile	Gall-bladder full of stones
1918	89·14	F.	38	S. B—	6 weeks. Attack of subcostal colic referred to back with vomiting and followed by jaundice	Tenderness over gall-bladder	Mucocele of enlarged thickened gall-bladder containing stones, one in cystic duct
1919	89·27	F.	44	E. L—	Typhoid. Many years' dyspepsia. 2 months attacks of subcostal colic referred to right shoulder with vomiting	Tenderness over gall-bladder	Gall-bladder contained 2 stones
,,	90·9	F.	61	L. L—	Several years. Attacks of subcostal colic referred to right shoulder with vomiting. Last attack started 48 hours ago	Tender and rigid over gall-bladder. Pyrexia	Acutely inflamed gall-bladder containing 1 stone and surrounded by adhesions
1920	90·12	F.	42	M. M—	20 years' indigestion with dull pain in right subcostal region	Tenderness on gall-bladder	Gall-bladder contained gravel

TABLE 8.—8 *Unsuccessful Non-fatal Cases of*

1911	89·32	F.	55	C. L—	9 weeks' pain in epigastrium and back with jaundice. Intense pruritus	Hard palpable mass. Enlarged liver. Urine contains much bile	Enlarged thin-walled gall-bladder full of stones. Ducts, no stones, but *columnar carcinoma* in hepatic duct
,,	89·43	F.	46	M. M—	7 years' indigestion. 2 years' attack of epigastric colic referred to right shoulder with vomiting followed by jaundice	Tenderness over gall-bladder	Slightly thickened gall-bladder containing stones. Dilated hepatic and common ducts with stones
1912	89·49	F.	48	A. E—	3 years. Frequent attacks of colic referred to right shoulder with vomiting. Jaundice twice. *Cholecystostomy 2 years ago. No relief*	Tenderness and rigidity over gall-bladder.	Stone impacted in cystic duct. Other ducts free
1913	89·27	F.	42	E. S—	Typhoid 11 years ago. Brother has cholelithiasis. 3 years' attacks of subcostal colic referred to right shoulder. Vomiting followed by jaundice	Tenderness over indefinite mass	Enlarged gall-bladder full of stones. Bile = *Staph. aureus.* Common duct normal
,,	89·30	F.	61	E. F—	2 years. Attacks of colic with vomiting and shivering. Jaundice once	—	Dilated gall-bladder containing 3 stones. Stone in common duct
,,	89·52	F.	34	E. C—	12 years. Attack of subcostal colic with vomiting. Last attack followed by jaundice	Tenderness over gall-badder. Urine contains bile	Small contracted gall-bladder and dilated common duct containing stones
1914	89·40	F.	45	E. L—	2 years. Attacks of subcostal colic referred to back with vomiting. Jaundice once	Tenderness and rigidity over gall-bladder	Slightly thickened gall-bladder full of stones
1919	89·11	M.	57	D. M—	—	—	Very small shrunken hard gall-bladder containing 152 stones. 1 large stone in common duct

Cases of Cholecystectomy.

Immediate result.	Nature of recurrence.	Treatment.	Operative findings.	Result.
Healed *per primam*	Recurrence of colic with jaundice. Re-admitted 1920	Laparotomy	Long silk ligature removed from site of cystic duct	Unknown.
Healed *per primam*	Recurrence of colic. Readmitted 10 months later	Choledochotomy	Stone in common bile-duct. Multiple adhesions	C.
Suppurated	Recurrence of colic with jaundice. Readmitted 1920	No operation	—	—
Suppurated	Recurrence of colic. Readmitted 1920	? —	—	N.
Leaked bile freely	Persistent complete fistula. Readmitted 3 months later.	Choledochotomy	Large stone in common bile-duct	R.
	Still slight fistula. Readmitted 1920	Ligature of cystic duct	Common duct appeared normal	C.
Suppurated	Recurrence of similar pain. Ventral hernia	—	—	—

Cholecystostomy and Dochostomy.

Reactionary hæmorrhage	—	—	—	Died 28 days after discharge.
Drained freely	Recurrence of colic 5 years later. Twice since	—	—	—
Drained freely	Recurrence of colic. Readmitted 6 months later	Cholecystectomy	Gall-bladder distended and adherent. No stones	Unknown.
Drained little. Suppurated	Recurrence of colic with jaundice in 1919. Readmitted 1922	Cholecystectomy	Adhesions round apparently normal gall-bladder	Unknown.
—	Recurrence of colic with jaundice 12 months later. Readmitted 1914	No operation	—	—
Drained freely	Recurrence of colic 5 weeks later. Readmitted	Cholecystectomy and dochotomy	Stone in gall-bladder and in hepatic duct	—
Drained freely	Recurrence of colic with jaundice in 1920. Readmitted 1922	No operation	—	—
—	Recurrence of colic with jaundice last 12 months	No operation	—	—

TABLE 9.—2 *Unsuccessful Non-fatal Cases of*

Year.	No.	Sex.	Age.	Name.	History.	State.		Operative findings.
1912	89·29	F.	63	E. C—	2 years. Attacks of subcostal colic with vomiting and pyrexia. No jaundice	*Nil* palpable. tenderness	No	Thickened gall-bladder containing one stone
,,	89·29	F.	38	S.W—	5 years. Attacks of subcostal colic referred to right shoulder	*Nil* palpable. tenderness	No	Normal gall-bladder containing stones

TABLE 10.—(i) *Fatal cases.*

Year.	No.	Sex.	Age.	Name.	History.	State.
1911	89	F.	38	—	1 month. 2 attacks of subcostal colic followed by jaundice	Tenderness and rigidity over gall-bladder
,,	89	F.	55	—	Typhoid. 10 years attacks of subcostal colic referred to right shoulder with vomiting followed by jaundice	Palpable gall-bladder. No tenderness
1912	89	F.	64	—	18 years. Attacks of subcostal colic followed by jaundice with rigors	Palpable tender gall-bladder
,,	89	F.	47	—	18 months. 3 attacks of dull epigastric pain followed by jaundice	Tenderness in epigastrium
,,	89	F.	63	—	3 months attacks of epigastric pain and vomiting. Very severe last 3 days	Tenderness and rigidity of upper abdomen
1913	89·53	F.	59	E. M—	4 days' subcostal colic with vomiting and followed by jaundice	Palpable tender mass. Operation 3 weeks after admission
,,	89·55	F.	40	B. G—	16 years. Attacks of subcostal colic with vomiting and followed by jaundice	Tenderness on gall-bladder. Diabetic
,,	89·57	M.	50	R. L—	4 days' acute epigastric colic and vomiting followed by jaundice. 4 more attacks in hospital. Operation 3 weeks after admission	Tender and rigid in epigastrium, most marked over gall-bladder
,,	89·58	F.	71	M. M—	5 days' subcostal colic referred to right shoulder with vomiting and followed by jaundice	Rigid, tender abdomen, most marked in region of gall-bladder. Deep jaundice
,,	89·61	F.	58	M. H—	2 years. Attacks of subcostal colic with vomiting and shivering	Tender and rigid over gall-bladder
1914	89	F.	34	—	1 month. 2 attacks of violent subcostal colic. Last 3 days ago. Pyrexia	Tenderness and rigidity over palpable mass. Urine contains bile
,,	89	F.	53	—	6 months. Attacks of colic and vomiting followed by jaundice	Not enderness. *Nil* palpable. Urine contains bile
,,	89	F.	57	—	4 years. Attacks of subcostal colic with vomiting	—
,,	89	M.	42	—	3 months' dyspepsia. 1 month attack of epigastric pain followed by jaundice. Pruritus	Tender and rigid upper abdomen on right side
,,	89	F.	63	—	21 years. Attacks of epigastric colic radiating to back with vomiting followed by jaundice	—

Cholecystotomy without Drainage.

Immediate result.	Nature of recurrence.	Treatment.	Operative findings.	Result.
Suppurated	Recurrence of colic. Readmitted 1919	Laparotomy	Numerous adhesions found	N.
Healed *pe primam*	Recurrence of colic. Readmitted 7 months	Cholecystostomy and choledochotomy	No stones found	C.

Primary operation.

Operative findings	Operation.	Date of death.	Post-mortem findings.
Small adherent gall-bladder full of stones	Cholecystectomy	Died 9th day	General peritonitis.
Gall-bladder full of stones surrounded by adhesions sealing perforation at fundus	Cholecystostomy	Died 4th day	General peritonitis due to leakage of duodenal contents through a tear in this viscus.
Thickened perforated gall-bladder containing 3 stones lying in localized abscess	Cholecystostomy	Died 3rd day	Calculi in common bile-duct without obstruction. Suppurative cholangitis.
Normal gall-bladder full of sand. Ducts clear	Cholecystectomy	Died 10th day	Local peritonitis round site of gall-bladder.
Perforated gall-bladder with stone impacted in cystic duct. Peritonitis	Cholecystostomy	Died 2nd day	Spreading peritonitis. Liver and bile-ducts normal.
Distended thickened gall-bladder containing viscid bile and 10 small stones	Cholecystostomy	Died 8th day	Dilated bile-ducts. 3 stones in common duct. Thickened gall-bladder. Fatty heart.
Very thick adherent perforated gall-bladder containing stones. 4 stones in common duct	Cholecystostomy and dochotomy	Died 15th day	Suppuration of wound. Subphrenic abscess. Small thickened gall-bladder containing 2 stones. Impassable cystic duct. 1 stone ampulla of Vater. 7 in cystic duct.
Thickened inflamed adherent gall-bladder containing stones. Ducts free	Cholecystostomy and dochotomy	Died 10th day	Thickened gall-bladder containing 1 stone. Dilated hepatic ducts. Fibrotic liver. 3 *recent ulcers in stomach.* Intestines full of altered blood. Chronic pancreatitis.
Perforated gall-bladder containing 16 large stones. Stone in common duct	Cholecystostomy and dochotomy	Died 7th day	2 stones in common duct just above ampulla. 2 in dilated hepatic ducts. *Recent ulcer in 1st part of duodenum.* Chronic pancreatitis.
Shrunken hard adherent gall-bladder containing many stones	Cholecystostomy	Died 6th day	Gall-bladder thickened, full of pus. Hæmorrhagic pancreatitis. Bile ducts pervious.
Thickened gall-bladder containing 2 stones surrounded by numerous adhesions	Cholecystostomy	Died 5th day	Pulmonary embolism. Section of pancreas shows chronic pancreatitis. Bile-ducts patent. No stones present.
Shrunken gall-bladder. Stone in common bile-duct	Choledochostomy	Died 1st day	Gall-bladder a mere sinus. No stones. Dilated thickened common bile- and hepatic ducts. No stones. Extravasation of bile.
Distended gall-bladder. Stone in cystic duct. Bile = sterile	Cholecystostomy	Died 6th day	Pulmonary embolism. Peritoneal cavity normal. Thickened gall-bladder. Ducts clear.
Dilated common bile-duct full of stones. Stone in cystic duct	Choledochostomy	Died 10th day	Shrunken small gall-bladder. Dilated bile- and hepatic ducts. Chronic nephritis.
Gall-bladder adherent to duodenum. Full of pus and stones.	Cholecystectomy	Died 21st day	Lobar pneumonia.

TABLE 10—

Year.	No.	Sex.	Age.	Name.	History.	State.
1915	90·14	M.	56	—	3 weeks. Attacks of colic referred to right shoulder. Severe attack of pain 24 hours ago	Tenderness and rigidity. High pyrexia
,,	90·15	M.	66	—	14 days ago attack of subcostal colic followed by jaundice 5 days ago	Very tender over gall-bladder. Pyrexia
1915	90·6	F.	20	—	3 days' violent subcostal pain and vomiting. Typhoid. Widal reaction = Positive	Tenderness and rigidity on right side upper abdomen. Pyrexia. Urine contains bile
1916	—	F.	47	—	4 years. 3 attacks of subcostal colic with vomiting and followed by jaundice; Last attack 5 weeks ago, still persisting	Palpable gall-bladder. Jaundice. Urine contains much bile
1917	90·13	F.	57	F. P—	Father cholelithiasis. 5 months ago attack of subcostal colic, followed by jaundice 2 months later. Still persisting	No tenderness. *Nil* palpable. Jaundice. Urine contains bile
1919	89·37	F.	55	A. H—	4 months ago attack of subcostal colic with vomiting. Second attack 16 days ago	—
,,	89·38	F.	55	E. S—	2 months. Attack of subcostal colic with vomiting followed by jaundice	Rigidity and tenderness over gall-bladder
1918	89·38	M.	48	C. B—	6 months ago attack of painless jaundice lasting 2 months. Recurred 2 months ago. Increasing	No tenderness. *Nil* palpable. Intense jaundice. Urine contains much bile
,,	89·39	M.	43	A. S—	Brother cholelithiasis 4 years ago attack of mild epigastric pain referred to back. 2nd attack 1 month ago followed by jaundice	Tender palpable gall-bladder. Intense jaundice
,,	89·40	M.	40	R. C—	12 years' indigestion. Attack of subcostal colic referred to right shoulder and back with vomiting	No tenderness. *Nil* palpable.
,,	89·41	F.	55	E. J—	12 months' attacks of colic and vomiting. Latterly followed by jaundice	Tenderness and rigidity over gall-bladder. Pyrexia
,,	89·42	F.	62	S. N—	8 weeks' ago attack of mild epigastric pain. 2 weeks ago sudden jaundice and pruritus. Intermittent jaundice	Palpable tender mass. Jaundice
1920	89·48	F.	71	C. G—	6 weeks ago attack of subcostal pain and vomiting and followed by jaundice	Tender palpable gall-bladder. Jaundice. Urine contains bile
,,	90·19	M.	43	A. P—	4 years. 4 attacks of epigastric colic with vomiting followed by jaundice	No tenderness
					(ii) *Fatal Cases. Previous*	
1912	—	F.	54	—	16 months. Attack of colic with vomiting.	Tender palpable, very large gall-bladder.
					Readmitted 6 weeks later	Fistula: Pus – *Staph. aureus*
1913	89·60	M.	53	R. L—	10 years. Attack of colic and vomiting. 7 days' vague abdominal pain. Increasing.	Rigid and tender all over abdomen
					Readmitted 6 months later. 4 days' acute abdominal pain	Tender and rigid all over abdomen
1914	—	M.	58	—	14 days ago. Attack of subcostal colic with vomiting followed by jaundice	Tenderness over gall-bladder. Jaundice. Urine contains bile
					Readmitted 14 days after discharge. Acute epigastric pain	Tender. No jaundice

continued.

Operative findings.	Operation.	Date of death.	Post-mortem findings.
Huge gall-bladder containing a number of stones	Cholecystostomy	Died 21st day	Cardiac failure.
Acute cholecystitis. Stones in gall-bladder. Pus = streptococci	Cholecystostomy	Died 7th day	Cholecystitis. Stomach full of altered blood. Tuberculosis of lung.
Apparently normal gall-bladder containing pus. No stone. *Ducts free*	Cholecystostomy	Died 21st day. Drained freely	Cholangitis. Dilated common duct containing 1 stone and much pus. Left lobe of liver perforated to form a basal empyema on left side.
Thickened gall-bladder containing 22 stones	Cholecystostomy	Died 4th day. Drained freely	General peritonitis. Very thickened gall-bladder containing 2 stones. Ducts normal.
Distended gall-bladder. 1 stone in common bile-duct	Cholecystostomy and dochostomy	Died 10th day. Drained freely	Thickened shrunken gall-bladder. Dilated common duct showing pouch from which stone had been removed. Last 1 in. of duct impervious stricture.
Small hard adherent gall-bladder containing many stones	Cholecystectomy	Died 4th day	No post-mortem.
Small thickened adherent gall-bladder, 37 stones. Common duct injured	Cholecystectomy and dochotomy	Died 3rd day	General peritonitis. Extravasation of bile.
Gall-bladder thickened and fibrous containing stones. Common duct dilated	Cholecystotomy without drainage	Died 3rd day	Hypostatic pneumonia. Dilated common duct. Obliteration of cystic duct.
Small thickened gall-bladder. Stone in ampulla of Vater	Choelcystectomy and dochotomy	Died 3rd day. Drained freely	Acute pancreatitis. Fat necrosis and bile-stained exudate in lesser sac. Dilated bile-ducts. No stones. Tense swollen liver.
Very thick gall-bladder, full of pus and stones	Cholecystostomy	Died 3rd day. Secondary hæmorrhage	No post-mortem.
Cholecysto-colic fistula. Dilated common duct containing stone. Cholcangitis	Cholecystostomy and dochostomy	Died 8th day. Persistent high temperature	No post-mortem.
Thick forms adherent. Gall-bladder full of stones. Dilated cystic duct with stones. Impacted in ampulla	Cholecystectomy and transduodenal-dochotomy	Died 21st day. Hæmatemesis 10th day	No peritonitis. Operative incisions healed. Stomach full of blood. 2 *small recent ulcers* on lesser curve.
Thickened distended gall-bladder with 130 stones. Stone in common duct. Bile = Sterile	Cholecystostomy and dochostomy	Died 8th day	Carcinoma of gall-bladder infiltrating liver (confirmed by microscopy). Common duct dilated. Liver normal.
Slightly adherent gall-bladder. 5 stones. Ducts clear	Cholecystectomy	Died 7th day	General peritonitis. Large quantities of blood in peritoneal cavity.

Unsuccessful Operation.

Perforated gall-bladder in localized abscess	Cholecystostomy	Persistent fistula	—
Very adherent thickened gall-bladder. Stones	Cholecystectomy	Died 3rd day	Spreading peritonitis. Perforation in transverse colon.
Gall-bladder perforated at neck. Full of stones	Cholecystectomy	Post-anæsthetic pneumonia	—
Abdomen full of blood. Too bad for further exploration	Laparotomy	Died 14th day	Lesser sac full of blood. Some in greater sac. Acute pancreatitis. Pancreas infiltrated with fluid. 2 stones in ampulla. All bile-ducts dilated.
Gall-bladder contained 4 stones. Ducts clear	Cholecystostomy	Drained	—
Nothing abnormal found	Laparotomy	Died 28th day. Suppurated	Empyema (R.). Small adherent gall-bladder. Bile-ducts dilated. No stones. General peritonitis. Some fat necrosis. Microscopy = chronic pancreatitis.

TABLE 10—

Year.	No.	Sex.	Age.	Name.	History.	State.
1914	89·47	M.	59	H. L.—	8 years. Attack of subcostal colic with vomiting	—
					Readmitted 1916. Recurrence of colic	—
					Readmitted 1920. 2 years. Attacks of subcostal colic referred to right shoulder with vomiting and shivering, and followed by jaundice	Intense jaundice. *Nil* palpable. Repeated rigors. Coma
1916	89·18	M.	48	H. P.—	5 years. Attacks of subcostal colic referred to right shoulder and back with vomiting. Getting worse	Tenderness and rigidity over palpable mass. Urine contains bile
					Readmitted 1921. Pain ever since. Severe colic 3 weeks ago	Tender palpable mass in region of gall-bladder
1917	89·26	F.	58	E. G.—	3 years. Attacks of subcostal colic with vomiting	Tender and rigid over gall-bladder
					Readmitted 2 months later. Attack of colic	Tender and rigid over gall-bladder
					Readmitted 1918. Never well since. Attacks of dull subcostal pain referred to back with vomiting	Tenderness on gall-bladder
„	90·12	M.	55	J. W.—	Cholecystostomy elsewhere 1916. 7 days ago attack of subcostal colic referred to right shoulder with vomiting and jaundice	Very tender and rigid upper abdomen. Distension marked
1918	89·25	F.	43	K. J.—	6 days ago attacks of colic with vomiting, followed by jaundice	Tender and rigid. Palpable mass
					Readmitted 1918. 4 months' attacks of colic	Tender over bladder
1919	89·36	F.	48	E. C.—	5 years. Attacks of colic	Tender and rigid over gall-bladder. Pyrexia
					Readmitted. Attacks of jaundice 3 months after discharge, lasting 1 month. 2nd attack of jaundice 5 weeks ago	No tenderness. Jaundice. Urine contains bile. No pyrexia
						(iii) *Fatal cases.*
1914	—	M.	50	—	5 days' severe abdominal pain and vomiting	Distension and rigidity of whole abdomen. Cyanosis. Feeble pulse
1917	89·40	F.	56	S. B.—	7 years. 3 attacks of subcostal colic referred to back with vomiting and followed by jaundice	Very tender and rigid upper abdomen. Palpable gall-bladder. Pyrexia. Urine contains bile
1920	90·20	M.	44	F. S.—	2 years. Attacks of colic referred to left shoulder with vomiting. 7 days' diffuse abdominal pain	Tender on gall-bladder. Pyrexia. Urine contains bile
1913	89·56	M.	63	J. H.—	3 weeks' indigestion. 4 hours' acute pain, vomiting and collapse	Tender over upper abdomen

continued.

Operative findings.	Operation.	Date of death.	Post-mortem findings.
Gall-bladder and liver enlarged. No stones. Mass in 2nd part of duodenum	Cholecystenterostomy and gastroenterostomy	—	—
Adhesions only found	Laparotomy	—	—
—	No operation	Died 5th day	Dense adhesions round liver, gall-bladder, etc. Gall-bladder small. Cholecystenterostomy not found. Common duct very dilated. Large stone in ampulla. Bile- and hepatic ducts dilated containing many stones. Pancreatic ducts dilated containing white stones.
Mucocele of large thick-walled gall-bladder containing 2 large stones. Ducts clear	Cholecystostomy	Drained freely	—
Numerous adhesions. Very thickened gall-bladder. No stones. Bled very freely	Cholecystectomy	Died 1st day	Cardiac failure. Pathological report on gall-bladder = Columnar carcinoma.
Thickened inflamed gall-bladder full of stones. Ducts clear	Cholecystostomy	Drained	—
Acute cholecystitis. No stones. Dense adhesions	Cholecystostomy	—	—
Mucocele of very thick, very adherent gall-bladder	Cholecystectomy	Died	No post-mortem.
Perforated gall-bladder. Abdomen full of foul fluid	Drainage	Died 12 hours later	3 stones in common duct, 1 wedged in ampulla. Fatty liver with dilated hepatic ducts. Pancreas normal. General peritonitis.
Enlarged inflamed gall-bladder containing 22 stones	Cholecystostomy	Drained freely	—
Thickened gall-bladder. No stones	Cholecystectomy	Died 2nd day	General peritonitis. Extravasation of bile. Dilated bile-ducts.
Inflamed adherent gall-bladder full of stones	Cholecystectomy	Temporary biliary fistula	—
—	No operation	Died	Dilated common duct containing several small stones. Lesser sac full of blood. No cholangitis.

No operation.

—	No operation	Died 2 hours after admission	General peritonitis. Perforation of gall-bladder near neck. Thickened dilated gall-bladder containing 6 stones, adherent to colon. 3 stones in common duct.
—	No operation	Died 21 days after admission	Peritonitis. Bile-stained exudate. Adhesions of liver, stomach and spleen. Perforation at back of gall-bladder with adhesions. 8 stones in gall-bladder. Stones in hepatic ducts.
Continuous bilious vomiting. Subnormal temperature	—	Died 7th day	Perforation of gall-bladder containing 1 stone. General peritonitis. Ducts clear. Pancreas normal.
—	—	Died 2nd day	Normal gall-bladder. 7 stones. Very dilated bile-ducts. Pancreatitis chronic. Aortic atheroma.

revealed a stone in the common bile-duct and 1 in the hepatic ducts. 5 years later colic again recurred. Operation 5 years after this revealed chronic cholecystitis and pancreatitis without stones. Cholecystectomy and choledochostomy. Remains cured after 3 years.

Another case had had cholecystostomy with removal of stones from the gall-bladder 8 months before admission. A biliary fistula persisted, and secondary operation here revealed a thickened adherent gall-bladder without stones and a stone in the common bile-duct.

1 *case was relieved.*

Choledochostomy, 5. Fatal, 2.

3 *cases were definitely cured.* 2 had had previous operations.

1 had had cholecystostomy performed 11 years before admission, stones being removed from a thickened adherent gall-bladder. 8 years later colic recurred. Operation here revealed a very thickened adherent gall-bladder without stones and a stone in the retro-duodenal part of the common duct.

Another had had cholecystostomy performed 7 years before admission, a shrunken adherent gall-bladder full of stones being found. 5 years later colic followed by jaundice occurred. Operation here revealed a thickened atrophic gall-bladder with a stone in the common duct.

Cholecystotomy without Drainage, 4.

1 *case was definitely cured.*

2 *were unsuccessful*, and are set out at length in Table 9. At secondary operation chronic cholecystitis without stones was found.

Fatal Cases are shown in Table 10, arranged in 3 groups:

(i) Died after primary operations.
(ii) „ „ secondary operations.
(iii) „ without operation.

The causes of death were as follows:

Post-operative peritonitis, 13; acute pancreatitis, 4; cholangitis with hepatic insufficiency, 5; cholangitis with acute ulceration of stomach or duodenum, 4; pulmonary embolism, 2; pneumonia, 2; cardiac failure, 2; carcinoma of the gall-bladder, 2; peritonitis following perforation of the gall-bladder, 2; chronic nephritis, 1.

Stones had been overlooked at operation in 11 in the following

situations: In the common bile- and hepatic ducts, 9; in the gall-bladder, 1; in the gall-bladder and common bile-duct, 1.

Incisions.—Out of the 282 traced cases adequate information as to the incision was given in 217 as follows:

Rectus split, 171. Ventral hernia, 15. In those seen subsequently there was a tendency for the muscle-fibres on the inner side of the split to atrophy. Most tended to gape along the line of the scar, but this was compensated on the contraction of the muscle. Ventral hernia was commoner at the lower end of the incision.

Paramedian with retraction of rectus outwards, 31. Ventral hernia, 3.

Pararectal with retraction of rectus inwards, 23. Ventral hernia, 0.

Kocher's subcostal incision, 11. Ventral hernia, 1. In this case the incision had been carried far out to the right flank, and there was paresis of the whole abdominal wall on that side.

Rutherford Morison or *Perthe's incision*, 9. Ventral hernia, 0.

The data as to whether drainage occurred at the original operation are insufficient. It will be noticed that when hernia occurred the percentage was the same for each incision.

Conclusions.

(1) That, considering the relative merits of cholecystectomy *versus* cholecystostomy, cholecystectomy is the operation of choice. For, taking the cases where stones were limited to the gall-bladder or cystic duct, the operation results were as follows:

Cholecystostomy, 146 in all. Mortality, 8·8 per cent. Acute cholecystitis at time of operation 16·4 per cent. Gross chronic cholecystitis, 56 per cent. Unsatisfactory results, 33 per cent.

Cholecystectomy, 80 in all. Mortality 6·3 per cent. Acute cholecystitis at time of operation, 23 per cent. Gross chronic cholecystitis, 75 per cent. Unsatisfactory results, 9·3 per cent.

So that actually those factors brought forward as making cholecystectomy the more serious operation, *i. e.* acute cholecystitis or gross chronic cholecystitis, were greater, whereas the mortality was less in the case of cholecystectomy. The percentage of unsuccessful cases needs no comment.

(2) That, considering the relative merits of cholecystectomy and choledochostomy *versus* cholecystostomy and choledocho-

stomy, cholecystectomy is the operation of choice. Taking those cases in which stones were present in the gall-bladder or cystic duct and the common bile-duct, the operation results were as follows:

Cholecystostomy and dochostomy, 34 in all. Mortality, 17·5 per cent. Gross chronic cholecystitis, 30 per cent. Unsatisfactory results, 23 per cent.

Cholecystectomy and dochostomy, 11 in all. Mortality, 27 per cent. Gross chronic cholecystitis, 100 per cent. Unsatisfactory results, 0 per cent.

The percentage of cases with deep jaundice at the time of operation was the same in both, and although the mortality is higher, cholecystectomy appears the preferable operation.

(3) No case was found of stones developing in the common bile- or hepatic ducts following cholecystectomy. Only 4 cases of cholecystectomy underwent subsequent operation; 1 had a stitch sinus, the other 3 had large solitary stones in the common duct, and as the longest interval between primary and secondary operation was 10 months, it is almost a certainty that they were overlooked at the primary operation.

(4) No case of serious injury to the common duct during cholecystectomy was found.

(5) No conclusions could be drawn as to whether there is any given type of case in which cholecystostomy might be a satisfactory operation. Many cases in which the gall-bladder appeared macroscopically normal except for stones had to undergo secondary operation, and there were a fair percentage of cases in which primary operation showed gross chronic cholecystitis, which up to date remain cured. With the present inadequate knowledge of the recuperative powers of the gall-bladder, one can merely take results as showing cholecystectomy a more satisfactory procedure.

(6) That in a large majority of cases of cholelithiasis in which the pancreas was examined microscopically, chronic pancreatitis was found, pointing to a generalized infection of the biliary tract.

(7) Unfortunately, as the results are good, it has been impossible to find a case which has had post-mortem examination some time after cholecystectomy. It is therefore impossible to make any statements as to dilatation of the ducts or changes in the liver following cholecystectomy.

SPECIAL REPORT ON AFTER-EFFECTS OF ENCEPHALITIS LETHARGICA.

By H. B. RUSSELL, M.D., B.S.Lond., M.R.C.P.Lond.

Since the commencement of 1918, 113 cases of encephalitis lethargica have been admitted to St. Thomas's Hospital. Of these, 27 died—a mortality of 24 per cent.—and the remainder were discharged after a stay in hospital averaging 5 weeks. An attempt has been made to get into communication with this last group, but it succeeded in only half the cases, 43 (out of the 86 patients communicated with) having been seen or heard from.

Of these 43 cases, 4 have been discarded owing to some doubt as to the correctness of the original diagnosis; the remaining 39 were undoubtedly cases of encephalitis which showed lethargy or coma at some period during the illness. The details of these cases will be found in the appended tables; the main points concerning the presence or absence of complications are as follows:

Out of the 39 cases, 18 have apparently recovered completely; they complain of no symptoms and show no abnormal signs. This gives the percentage of complete recoveries as 46. Of these 46 per cent. 1 had the illness in 1918, 6 in 1919, 6 in 1920, 1 in 1921, and 4 in 1922. It is possible that the more recent cases may still develop complications, although all except one had their illness over a year ago. The details of these cases which have recovered completely are recorded in Table I.

The remaining 21 cases all showed some signs or symptoms which could be directly attributed to the illness. The sequelæ are shown in Table II, and can be classified as follows. Three cases are now mentally deficient. Four other cases have epileptiform fits; 1 of these is apparently normal except for the fits, but of the other 3, 1 is in an asylum, 1 very backward, and 1 subject to fits of great depression. 2 cases show marked lack of concentration and inability for sustained mental effort; in 1 of these cases the memory is very poor. 3 cases show

partial paralysis, 2 of a hemiplegic, and 1 of a monoplegic distribution. 1 case shows great and generalized inco-ordination, which appears to be steadily increasing. 2 cases show definite Parkinsonian changes. 4 cases complain of persistent visual trouble: in 2 of these occasional diplopia is the only sign, a third complains of impairment of vision, and shows secondary optic atrophy following optic neuritis present during the acute illness, and the fourth, while showing no obvious abnormal eye signs, complains of great impairment of vision—possibly cortical in origin. One case shows fine lateral nystagmus, but complains of no other symptoms. 1 case complains of frequent headaches since his illness, but shows no abnormal signs.

An important point for consideration is the following: Are there any signs or symptoms that might be present during the acute stage which would enable a definite prognosis to be given? A comparison of the various items in the two tables gives the following information:

	Table I: Those who have completely recovered.	Table II: Those who have not completely recovered.
1. *Age and sex*—		
Average age	27	26
Sex	10 male 8 female	15 male 6 female
2. *Signs and symptoms shown during illness*—		
Lethargy (at some stage of illness)	100 per cent.	100 per cent.
Headache	35 „	45 „
Diplopia	39 „	45 „
Vertigo	41 „	10 „
Vomiting or diarrhœa	13 „	—
Restlessness or delirium	19 „	15 per cent.
Epileptiform fits	13 „	15 „
Acute febrile illness at onset	47 „	45 „
General malaise	—	20 „
Onset with paralyses	—	15 „
Tremors	—	5 „
3. *Length of illness before admission to hospital.* This probably indicates roughly the acuteness of the onset	8 days	7 days
4. *Length of stay in hospital*—		
Average	25 days	45 days
5. *Cerebrospinal fluid*—		
Excess of lymphocytes	54 per cent.	57 per cent.
No excess of lymphocytes	46 „	43 „

On comparison the two tables show a marked similarity with the exception of three points: (1) Those persons in whom complications occurred remained nearly twice as long in hospital as the others. This points to the fact that the more severe the original illness and the slower the recovery, the greater the likelihood of permanent damage. (2) Cases where definite paralyses occurred early in the illness do not appear to recover completely. (3) The younger the patient the greater the risk of subsequent development of mental impairment or epileptiform fits. The 7 cases that showed these complications had an average of 10 years, whereas the average age of those suffering from encephalitis lethargica was 27.

With the above-mentioned exceptions there appear to be no symptoms occurring during the acute illness which might enable one to foresee the development of late complications.

All cases can be divided roughly into two main classes: Those which appear to get slowly better, and those which become slowly worse. The persistence of signs or symptoms for some months after the acute illness does not seem to be of great importance, as this often occurred in those cases which have completely recovered. On the other hand, those cases which subsequently showed sequelæ due to the illness frequently appeared to recover at first rapidly and completely.

TABLE I.—*Those Cases which*

Sex and age; date of admission.	Mode of onset.								Length of illness before admission.
	Lethargy.	Headache.	Diplopia.	Vertigo.	Vomiting or diarrhœa.	Restlessness and delirium.	Epileptiform fits.	Acute febrile illness prior to onset of other symptoms.	
Female, æt. 46 July, 1918	+	+	..	..	+	..	..	..	5 days
Female, æt. 21 Jan., 1919	+	..	..	..	..	? +	..	+	10 days
Female, æt. 56 Jan., 1919	+	..	..	..	..	..	+	..	12 hours
Female, æt. 18 May, 1919	+	..	+	..	..	+	..	+	3 weeks
Male, æt. 38 Aug., 1919	+	+	..	+	..	..	..	+	5 days
Male, æt. 33 Nov., 1919	+	..	..	..	..	..	+	+	1 week
Male, æt. 47 Nov., 1919	+	+	+	..	..	..	..	..	5 days
Male, æt. 15 Jan., 1920	+	+	..	..	+	..	..	..	6 hours
Female, æt. 23 April, 1920	+	+	..	+	..	..	..	..	14 days
Male, æt. 15 Nov., 1920	+	..	..	+	..	..	..	+	3 weeks
Male, æt. 18 Dec., 1920	+	+	+	+	..	..	..	+	7 days
Male, æt. 50 Dec., 1920	+	+	..	+	..	..	..	..	48 hours
Male, æt. 13 Dec., 1920	+	..	..	..	..	+	..	..	3 days
Female, æt. 26 May, 1921	+	..	+	..	..	..	..	..	8 days
Male, æt. 12 Mar., 1922	+	..	+	+	..	..	..	..	7 days
Male, æt. 22 May, 1922	+	..	..	..	..	..	..	+	7 days
Female, æt. 19 May, 1922	+	..	+	+	..	..	..	..	14 days
Female, æt. 18 Oct., 1922	+	..	+	..	..	..	..	+	10 days

Show no Ill-effects.

Length of stay in hospital before onset of definite improvement.	Cerebrospinal fluid.	Length of stay in hospital.	Signs and symptoms on discharge.
2 days	No excess of cells. Wassermann reaction negative	27 days	*Nil.*
4 days	No excess of cells. Wassermann reaction negative	6 weeks	Very hysterical.
At once	Small lymphocytes + + +.	6 weeks	*Nil.*
1 week	—	5 weeks	Hysterical.
2 days	Small lymphocytes + + +. Wassermann reaction negative	3 weeks	*Nil.*
At once	Slight excess of lymphocytes. Wassermann reaction negative	3 weeks	*Nil.*
At once	Excess of lymphocytes. Wassermann reaction negative	6 weeks	*Nil.*
36 hours	No excess of lymphocytes	3 weeks	*Nil.*
7 days	—	7 weeks	Nystagmus.
At once	No excess of lymphocytes. Wassermann reaction negative	10 days	*Nil.*
3 days	Slight excess of lymphocytes Wassermann reaction negative	3 weeks	Occasional diplopia
10 days	Lymphocytes +. Wassermann reaction negative	6 weeks	*Nil.*
2 days	—	4 weeks	*Nil.*
At once	—	3 weeks	Occasional diplopia.
At once	No excess of cells. Wassermann reaction negative	4 weeks	*Nil.*
7 days	No excess of cells. Wassermann reaction negative	6 weeks	*Nil.*
4 days	Slight excess of lymphocytes. Wassermann reaction negative	5 weeks	Weakness R. vii; hysterical.
2 days	—	4 weeks	*Nil.*

TABLE II.—*Those Cases which*

Sex and age; date of admission.	Mode of onset.										Time between onset and improvement.	
	Lethargy.	Headache.	Diplopia.	Vertigo.	Restlessness and delirium.	Fits.	Paralyses.	Tremors.	Acute febrile illness at onset.	General malaise.	Length of illness before admission.	Length of stay in hospital before onset of improvement.
Male, æt. 54 April, 1918	+	..	..	..	..	..	..	..	+	..	10 days	7 days
Male, æt. 23 May, 1918	+	+	+	..	..	..	..	..	..	..	8 days	2 days
Male, æt. 15 May, 1918	+	..	+	..	..	..	..	..	+	..	2 days	1 week
Female, æt. 11 June, 1918	+	+	..	..	+	..	..	..	..	..	36 hours	1 week
Male, æt. 12 Nov., 1919	+	..	..	..	..	..	..	..	..	+	10 days	At once
Male, æt. 33 Nov., 1919	+	+	..	..	..	+	..	..	+	+	1 week	2 days
Male, æt. 15 Jan., 1920	+	..	..	..	..	+	+	..	+	..	5 days	1 week
Male, æt. 13 Jan., 1920	+	..	..	..	..	..	..	..	..	..	10 days	At once
Male, æt. 57 April, 1920	+	..	+	+	..	..	+	..	..	+	5 weeks	2 weeks
Female, æt. 52 May, 1920	+	+	+	..	..	..	..	..	..	+	14 days	At once
Male, æt. 30 June, 1920	+	+	+	..	..	..	..	..	..	..	3 days	3 days
Male, æt. 6½ July, 1920	+	..	..	..	+	..	..	..	+	..	2 days	1 month
Female, æt. 19 Jan., 1921	+	..	+	..	+	..	..	..	..	..	3 days	At once
Female, æt. 14 Jan., 1921	+	..	..	..	..	..	+	..	+	..	10 days	At once
Male, æt. 14 Jan., 1921	..	+	+	+	..	..	..	..	+	..	4 days	1 week
Male, æt. 27 Aug., 1921	+	+	..	..	..	..	+	..	..	..	12 hours	3 days
Female, æt. 38 Sept., 1921	+	+	..	..	..	..	+	+	+	..	14 days	At once
Female, æt. 1 Dec., 1921	+	..	..	..	..	+	..	..	..	..	24 hours	4 days
Male, æt. 26 Mar., 1922	+	..	+	..	..	..	..	..	+	..	3 weeks	At once
Male, æt. 38, readmitted May, 1922. Encephalitis lethargica, 1920. Typical case of												
Male, æt. 45 Dec., 1922	+	+	+	..	..	..	..	..	..	..	3 weeks	At once

Show After-effects.

Cerebrospinal fluid.	Length of stay in hospital.	Signs and symptoms on discharge.	Signs and symptoms in March, 1923.
Small lymphocytes in excess. Wassermann reaction negative	5 weeks	*Nil*	Obvious Parkinsonian changes
Nil abnormal	14 days	Pupils sluggish in reaction to light	Capacity for work and memory markedly impaired.
—	3 weeks	*Nil*	Frequent epileptic fits.
Excess of lymphocytes + +	4 weeks	*Nil*	Very dull and stupid mentally.
Excess of lymphocytes	5 weeks	Headaches	Headaches. Apparently had a recurrence in 1922. Chief complaints—headaches and drowsiness.
Excess of lymphocytes	4 weeks	Headaches, mild epileptiform fits few days before discharge	Fits of depression. Headaches. Insomnia.
Nil	7 months	Extreme incoordination; emotional	Extreme inco-ordination, emotional, fits.
Lymphocytes + +	6 weeks	? Mentally deficient. No fits	Epileptiform fits + + +.
—	9 weeks	Great ataxy, vertigo, diplopia, nystagmus	Getting steadily worse.
Nil abnormal	3 weeks	*Nil*	Occasional diplopia.
Slight excess of lymphocytes	4 weeks	*Nil*	Occasional diplopia.
—	5 months	Mentally deficient. Fits	Mentally deficient. Fits.
—	6 weeks	*Nil*	Squint. Fixation with either eye. No diplopia.
—	9 weeks	Weakness both arms. Left more than right	Left arm muscles still partially paralysed.
Lymphocytes + +	6 weeks	Very emotional (No diplopia)	Diplopia.
Nil abnormal	3 months	Right hemiplegia rapidly improving	Persisting right hemiplegia.
Nil abnormal	10 weeks	Right 7th nerve partially paralysed	Right 7th nerve still weak. Severe headaches, concentration and memory impaired.
No excess of lymphocytes	3 weeks	*Nil*	Very backward, but not mentally deficient.
—	5 weeks	*Nil*	Concentration poor, emotional, nystagmus.
Parkinson's disease.	Tremor slight; some difficulty in swallowing present.		
Excess of lymphocytes	3 weeks	Some subsidiary optic neuritis present	Sight impaired. A mild degree of secondary optic atrophy present.

REPORT OF THE IN-PATIENT OBSTETRICAL DEPARTMENT.

WITH SPECIAL TABLES.

By A. H. RICHARDSON, M.B., B.Ch.Cantab., F.C.R.S.Eng.

There were 564 cases admitted to the ward during the year, and of these 552 were delivered, and 12 were discharged undelivered.

391 were primigravidæ, and 173 were multiparæ.

There were 424 cases of normal labour. Of these 401 were vertex presentations—L.O.A. 233, R.O.A. 135, R.O.P. 22 (5 unreduced); L.O.P. 11 (1 unreduced); 10 were breech presentations, L.S.A. 7, R.S.A. 2, R.S.P. 1; 9 cases of twins; 4 cases born before admission to the labour ward.

561 children were born during the year.

Males:	221 mature,	5	of which were	stillborn,	and 2	died.
	42 premature,	7	,,	,,	5	,,
Females:	262 mature,	4	,,	,,	1	,,
	36 premature,	6	,,	,,	4	,,

Of the abnormal cases there were:

Eclampsia.—2 cases, both ante-partum, and treated by Cæsarian section. 1 died from septic complications. (*See table on p.* 156).

Albuminuria.—11 cases; 3 discharged undelivered, 8 were delivered in hospital; 1 case had received treatment previously in Adelaide. 2 cases sustained severe renal damage. (*See table on p.* 157.)

Hyperemesis Gravidarum.—7 cases; all were discharged after palliative treatment and did well. 1 case returned to Mary and had a normal labour.

Placenta Prævia.—8 cases: 2 central, 2 marginal, 4 lateral;

1 case of central placenta prævia died from septicæmia. (*See table on p.* 155.)

Accidental Hemorrhage.—6 cases: 2 cases were concealed, 1 were slight, 1 case complicated by prolapsed cord; the other 3 were admitted in labour, which progressed normally. The children were living. Of the concealed cases, 1 treated by Cæsarian section recovered satisfactorily; the second was admitted from the District. It was treated by vaginal plugging, blood transfusion and gum and saline infusion, but died before delivery. Both these cases had stillborn children.

Post-partum Hemorrhage.—8 cases: 6 cases were of slight or moderate degree. In 2 cases the placenta was morbidly adherent and had to be removed manually. The cases were treated by the following remedies: intra-uterine douches, injections of pituitrin, ergotin, and femergin, and saline P.R. All the cases did well.

Contracted Pelvis.—11 cases: 3 cases treated by Cæsarian section, 8 by induction of labour. In 2 cases the induction was followed by forceps during the second stage of labour. 2 of the children died after birth. All the mothers did well. (*See table on p.* 155.)

Obstructed Labour.—66 cases.

(*a*) *Delayed second stage.*—55 cases with the head in the pelvic cavity, treated by forceps L.O.A. 25 cases, R.O.A. 19 cases, R.O.P. (reduced) 2 cases, (unreduced) 5 cases, L.O.P. (reduced) 2 cases, (unreduced) 2 cases. 5 of the children were stillborn and 1 died subsequently in a state of white asphyxia. 1 of the mothers admitted after attempts at delivery died from gas gangrene; the child was stillborn.

(*b*) *Obstructed breech.*—3 cases: R.S.A. 2, L.S.A. 1. 1 case with extended legs, treated by bringing down the legs, and jaw and shoulder traction on the aftercoming head. 2 cases with prolapse of the cord, treated by replacement, and bringing down a leg. 1 child was stillborn.

(*c*) *Face presentations.*—4 cases: L.M.A. 2 cases, R.M.A. 1 case, L.M.P. 1 case. 1 case treated by internal version, 1 by manual rotation, and the other 2 by forceps delivery. 1 child was a stillborn anencephalic fœtus, 2 others stillborn.

(*d*) *Various.*—1 shoulder presentation was treated by internal version; the child was stillborn. 1 transverse presentation with

prolapsed cord was treated by replacement, external version, and a De Ribes' bag; the child was stillborn. 1 oblique presentation born spontaneously; the child was a stillborn anencephalic fœtus. 1 primipara æt. 47 was treated by Cæsarian section.

Pregnancy, Various.—22 cases.

(*a*) *Cardiac disease.*—8 cases: 7 mitral, 1 aortic. In 4 cases labour was normal; 1 case was induced, the second stage being shortened by forceps; 3 cases were treated with twilight sleep.

(*b*) *Pyelitis.*—5 cases. All were delivered normally. In 2 cases *Staphylococcus albus* was obtained in pure culture, in 3 cases *Bacillus coli.*

(*c*) *Expression of cord.*—1 case treated by replacement with good result.

(*d*) *Hydramnios.*—3 cases. 2 cases followed by normal labour, 1 treated by induction; the child was stillborn.

(*e*) *Various.*—Epilepsy, 2 cases; 1 was discharged, and readmitted at term undergoing normal labour. The other suffered from fits during the puerperium. Graves's disease, 1 case, treated by twilight sleep with good results. Carcinoma of breast, 1 case treated by induction and radical removal of breast, with good results. Chorea, 1 case discharged improved, and readmitted at term. Labour was normal.

Ruptured Perinæum.

Primiparæ: Incomplete tears, 57; complete tears, 2.

Multiparæ: Incomplete tears, 6; complete tears, none.

All cases were treated by suture.

Retained Membranes.

6 cases, treated by vaginal douches. 1 case was followed by sapræmia; remaining cases were afebrile.

Maternal Morbidity.

The following figures are based on the ground that any case which shows a temperature of over 100° F. for 3 days is morbid:

Cause.	Number of cases.
Septicæmia	5
Sapræmia	7
Mammary	2
Urinary	5
Pulmonary	6
	25

1 case is recorded under two headings, so that the total number of morbid cases was 24, giving a percentage morbidity of 4·4 of the total number of cases delivered in hospital.

Duration of Temperature.

Days	3	4	5	6 or over.
No. of cases	6	3	2	13

Range of Temperature.

100°–101° F.	101°–102° F.	102°–103° F.	103° F. or over.
3	5	8	8

Contracted Pelvis.

Case.	Age.	Maturity.	Parity.	Pelvic measurements.			Treatment.	Result.	
				Intersp.	Interer.	Diag. conj.		M.	C.
1	34	Full term	Mult.	$7\frac{1}{2}$	$9\frac{1}{4}$	$4\frac{1}{4}$	Induction	G.	G.
2	32	Premature	,,	$9\frac{1}{2}$	$10\frac{1}{2}$	$3\frac{1}{2}$	Induction and forceps	G.	G.
3	29	,,	,,	$9\frac{1}{4}$	$10\frac{1}{4}$	4	Induction	G.	G.
4	26	Full term	,,	$9\frac{3}{4}$	$10\frac{1}{4}$	$2\frac{1}{2}$	Cæsarian section, sterilization 2 previous pregnancies by C.S.	G.	G.
5	23	Full term	Prim.	$8\frac{1}{2}$	$9\frac{3}{4}$	$4\frac{1}{4}$	Induction	G.	G.
6	28	,,	,,	$8\frac{1}{4}$	$9\frac{3}{4}$	$4\frac{1}{4}$	Induction	G.	G.
7	34	,,	Mult.	8	9	$3\frac{1}{2}$	Cæsarian section	G.	G.
8	27	,,	,,	—	—	—	Induction + forceps	G.	G.
9	27	,,	,,	8	$9\frac{1}{2}$	$4\frac{1}{4}$	Induction + forceps	G.	D.
10	35	Premature	Prim.	8	$9\frac{1}{2}$	$3\frac{3}{4}$	Induction	G.	D.
11	30	Full term	Mult.	—	—	$3\frac{1}{2}$	Cæsarian section	G.	G.

Placenta Prævia.

Case.	Age.	Maturity.	Parity.	Type.	Treatment.	Result.	
						M.	C.
1	43	36th week	Mult.	Central	De Ribes' bag and internal podalic version	G.	S.
2	39	36th ,,	,,	,,	Cæsarian section. Sapræmia followed by septicæmia	D.	G.
3	40	37th ,,	,,	Marginal	Cæsarian section	G.	G.
4	27	Full term	Prim.	,,	Cæsarian section	G.	G.
5	38	36th week	Mult.	Lateral	Vaginal plugging and bipolar podalic version	G.	S.
6	33	30th ,,	,,	,,	Breech presentation. Leg pulled down	G.	D.
7	34	36th ,,	,,	,,	Prolapse of cord. De Ribes' bag and internal version	G.	S.
8	33	Full term	,,	,,	De Ribes' bag and internal version	G.	S.

Accidental Hæmorrhage.

Case.	Age.	Parity.	Type.	Treatment.	Result. M.	Result. C.
1	27	Mult.	Concealed.	Cæsarian section	G.	S.
2	35	,,	,,	Vaginal plugging, tight binder, pituitrin blood transfusion and gum saline infusion	D.	S.
3	36	,,	Slight apparent	38th week. Normal labour	G.	G.
4	24	Prim.	,, ,,	36th ,, ,, ,,	G.	G.
5	45	Mult.	,, ,,	36th ,, ,, ,,	G.	G.
6	36	,,	,, ,,	Spontaneous labour. Prolapsed cord replaced	G.	G.

Eclampsia.

Case.	Age.	Parity.	Maturity.	Urine.	Urea concentration.	Blood. urea.	B.P.	Convulsions.	Treatment.	Result. M.	Result. C.
1	31	Mult.	36th week	Solid with albumen	2 per cent.	63 mg.	170	4 fits antepartum	Cæsarian section	G.	S.
2	36	,,	30th week	Alb. 2·4 per cent.	2·2 per cent.	—	196	No fits	Cæsarian section. Died from sapræmia followed by septicæmia	D.	G.

Albuminuria.

Case.	Age.	Parity.	Diagnosis.	Urine.	Urea concentration.	Blood-urea per 100 c.c.	B.P.	Treatment.	Result.
1	25	Mult.	Pregnancy kidney	Alb. ++ casts	2 per cent.	—	130	Rest, diet, elimination	G. —
2	35	,,	,, ,,	Alb. +	—	—	220	Spontaneous premature labour	G. G.
3	42	Prim.	,, ,,	Alb. + +	1·5, 1·5, 1·8 per cent.	51 mg.	157	,, ,, ,,	F. G.
4	27	Mult.	,, ,,	Alb. +	2·3, 2·1, 1·8 per cent.	22 mg.	150	Rest, diet, elimination	G. —
5	30	Prim.	,, ,,	Alb. + +	1·3 per cent.	30 mg.	—	Induction with bougies	B. G.
6	23	,,	,, ,,	Alb. +	—	—	—	Rest, diet, elimination	G. —
7	24	,,	Albuminuria	Alb. + + +	2.5, 3·5 per cent.	—	—	Labour normal	G. G.
8	24	,,	Pregnancy kidney	Alb. +	2·1 per cent.	—	140	Induction	G. D.
9	29	,,	,, ,,	Alb. +	1·7, 2·1, 2·0 per cent.	22 mg.	—	Spontaneous labour	G. G.
10	39	,,	Chronic renal	Alb. + casts	1·15, 1·2, 1·35	60 mg.	132	Spontaneous labour	G. G.
11	26	Prim.	,, ,,	,, ,,	1·5	32 mg.	146	,, ,,	B. G.
					·98	51 mg.			
					1·5	66 mg.			

REPORT OF

THE OUT-PATIENT OBSTETRICAL DEPARTMENT.

By JAMES M. WYATT, M.B., B.S.Lond., F.R.C.S.Eng.

On the district in 1922, 878 cases were attended. Of these, in 203 the baby was born before the arrival of the clerk. Of the remainder there were—

Vertex presentations, 656.

L.O.A.	380
R.O.A.	231
R.O.P.	25
L.O.P.	20

Breech presentations, 8.

L.S.A.	3
R.S.A.	3
R.S.P.	2

Twins, 9.

Both vertex	6
Both breech	3

There was 1 *face presentation*, R.M.P., which was delivered with forceps, and 1 *transverse presentation* which was admitted to Mary Ward.

Ante-partum hæmorrhage.—9 cases. Slight, 6; treated by rest in bed in their own homes. Moderate, 3; admitted to Mary Ward for treatment.

Prolapsed cord.—2 cases.

Abortion.—15 cases. Threatened, 10. Treated successfully by rest in bed. Complete, 5.

Forceps delivery.—25 cases. In all these cases forceps were

applied for delay in the second stage of labour, the head being low in the pelvic cavity.

Adherent placenta and post-partum hæmorrhage.—3 cases. 1 case the placenta had to be removed manually; the other 2 cases were treated successfully by means of hot douches and pituitary extract.

Ruptured perinæum.—33 cases. All incomplete and treated by suture.

REPORT OF

THE ANTE-NATAL DEPARTMENT.

By JAMES M. WYATT, M.B., B.S.Lond., F.R.C.S.Eng.

During the year 1922, 1455 mothers attended the clinic.

Vertex presentations.—1326.

Breech presentations.—129. In 96 of these external version was performed, in 3 of them an anæsthetic was necessary.

Twins were diagnosed in 4 cases and confirmed by X-ray examination.

Transverse presentations.—20. In 19 cases the position was rectified by external manipulations; in the remaining patient, who was told to report again in one month as the fœtus was small, it was found that rectification had occurred naturally.

Albuminuria.—49. In 40 of these there was only a trace of albumen, and on further examinations it was not found to be present. In the remaining 9 cases more detailed examination was carried out in the Chemical-Pathological Laboratory.

Contracted pelvis.—15. In 1 case with a diagonal conjugate of 3 in. Cæsarian section was arranged for at term; the others were seen at intervals of from 7–14 days from the 34th week onwards, and of these 9 were admitted for the induction of premature labour, and 5 were allowed to go to term.

Pyelitis.—2. Both these cases were admitted to Adelaide Ward for treatment.

Previous stillbirths.—55. In all these cases where there was any doubt as to the cause of the stillbirth a Wassermann reaction was done; in 10 cases it was found to be positive, and they were sent to the Venereal Department for treatment. Of the remainder, 34 were recommended for admission to Mary Ward.

Various.—35.

Cardiac disease, 12, all admitted to the hospital for their confinements.

Phthisis, 9; all these cases remain under treatment in the Tuberculous Department, and are admitted for their confinements.

Chorea, 5, all mild and treated by rest.

Fibroids complicating pregnancy, 2.

Pelvic tumour complicating pregnancy, 1.

Post-maturity, 1, admitted for induction.

Placenta prævia, 1, admitted to Mary Ward.

Retracted nipples, 4, sent for treatment to the Massage Department.

REPORT OF

THE CHILDREN'S DEPARTMENT (MEDICAL).

By R. C. JEWESBURY, M.A., M.D., B.Ch.Oxon., F.R.C.P.Lond.

Out-Patients.

The total number of cases seen in the Out-Patient Department was 4421, with a total attendance of 21,223. The year was characterized by the entire absence of "summer diarrhœa," and this probably accounts for the somewhat smaller number of new cases seen.

Infant Welfare Clinics.—Compared with last year the figures show an increase. The new cases have risen from 576 to 684 and the attendances from 4150 to 4589.

Children's Venereal Clinic.—The attendances have increased, and during the year 300 cases of congenital syphilis were treated and kept under observation. The results of anti-syphilitic treatment of the pregnant mother in the ante-natal period have been noted by repeated inspection of the newborn child during its first year.

Rickets Clinic.—Average attendance, 30. Total cases, 200. These were cases of active rickets. Some were admitted to contrast the therapeutic value of light and diet on the disease.

In-Patients.

The total admissions to "Lilian" were 285, with a mortality of 53 cases. The ward was closed for several weeks owing to an epidemic of chickenpox. 6 children in the ward were infected. The cases were classified :

General diseases.—Anæmia gravis (syphilitic), 1 ; leukæmia, 2 ; secondary anæmia, 2 ; purpura, 2 (1 case of P. rheumatica, 1 of

P. simplex); malnutrition, 11 (2 fatal); glycosuria, 1; diphtheria, 1; pertussis, 3; septicæmia, 3 (2 cases of pneumococcal septicæmia recovered); rickets, 3; scurvy, 1; acute rheumatism, 7; rheumatic endocarditis, 4; pericarditis, 2; chorea, 4; miliary tuberculosis, 6 (all fatal); pulmonary tuberculosis, 1 (fatal); tuberculous adenitis, 1; tuberculous peritonitis, 9 (1 fatal); congenital syphilis, 14 (2 fatal; includes 1 case of syphilitic epiphysitis).

Respiratory system.—Bronchitis, 15 (1 fatal); broncho-pneumonia 35 (6 fatals); lobar pneumonia, 13; fibrosis of lung, 4; collapse of lung, 1; empyema, 6 (1 fatal); asthma, 3; hydatid of lung, 1 (died after operation); tubercle bacilli in bronchus 2.

Digestive system.—Gastro-enteritis, 18 (9 fatal); vomiting, 4; cyclic vomiting, 1; dysentery and diarrhœa, 4 (1 Lamblia infection readmitted 3 times); abdominal colic, 6; constipation, 1; rectal hæmorrhage, 1; acute appendicitis, 5; intussusception, 2 (1 fatal); abdominal sarcoma, 1 (fatal); Hirschsprung's disease, 1; cyst of spleen, 1; nutritional œdema, 1; *taenia* infection, 1.

Urinary.—Acute nephritis, 13 (2 fatal); chronic nephritis, 3 (2 fatal, 1 from peritonitis); renal sarcoma, 1; hæmaturia, 1; cystitis, 2.

Congenital defect.—Congenital heart disease, 4; spina bifida, 1; atresia of œsophagus, 1; of duodenum, 2; congenital hypertropic pyloric stenosis, 4 (2 fatal); absence of ribs, 1; osteogenesis imperfecta, 1.

Nervous system.—Cerebral tumour, 1; cerebellar tumour, 1 (fatal after decompression); convulsions, 8; epilepsy, 1; encephalitis, 4 (1 fatal); diplegia, 1; meningitis—cerebrospinal 1 (fatal); influenzal, 1 (fatal); unknown organism, 1 (fatal); acute poliomyelitis, 7; pneumococcal, 3 (2 fatal); cerebellar ataxia, 1.

Poisons.—Paraffin, 1; lysol, 2; food, 1; carbolic acid, 1; thyroid, 1; turpentine, 1; pot. permanganate, 1; camphorated oil, 1 (none fatal).

Unclassified.—Gangrene of foot, 1; eczema, 1; abscess of neck, 1; acute arthritis of hip, 1; Frölich's syndrome, 1.

REPORT OF

THE OPHTHALMIC DEPARTMENT.

By P. G. DOYNE, M.B., B.Ch.Oxon., F.R.C.S.Eng.

During the year 1922 there were 3532 new out-patients, 1288 being male and 2244 female.

The total number of attendances of old and new patients was 10,854, 4463 being male, 6391 female. There were also 1333 new casualty patients, the total number of attendances of casualty patients being 2885. 276 patients were admitted to the ward, 132 being male and 144 female.

148 operations were performed on in-patients.

General Statement of In-Patients.

Number of beds in ward (including small ward and four cots)	25
„ of patients in ward, Jan. 1st, 1922	17
„ „ „ Dec. 31st, 1922	16

Average number of patients resident daily, 17·73.

Analysis of In-Patients—

	Discharged.	*Died.*	*Total.*
Male	130	0	130
Female	145	0	145
	275	0	275

Table of In-Patients.

Orbit.		*Lacrimal apparatus.*	
Cellulitis	2	Chronic dacryo-cystitis	8
Œdema with proptosis	1		

Table of In-Patients—continued.

Lids.

Burn	1
Ectropion	3
Laceration of	3
Entropion	2
Blepharitis	4
Abscess of	1
Lupus of	2
Rodent ulcer	1
Melanotic sarcoma	1

Ocular muscles.

Squint, convergent	5
,, divergent	2
Ophthalmoplegia	2

Globe.

Rupture	2
Intra-ocular foreign body	1

Conjunctiva.

Purulent conjunctivitis	3
Subconjunctival hæmorrhage	2
Trachoma	4

Cornea.

Wound, penetrating	8
,, non-penetrating	2
Burn	1
Keratitis, ulcerative	23
,, hypopyon	9
,, interstitial	4
,, phlyctenular	2
,, neuropathic	1
Band-shaped opacity	1

Iris and ciliary body.

Iridocyclitis	2
Iritis	19
Results of	4

Lens.

Capsular membrane	6
Cataract, congenital	2
,, lamellar	2
,, traumatic	3
,, senile	37
Congenital subluxation of lens	1
,, absence of lens	1

Retina.

Detachment	9

Choroid.

Choroiditis	4

Optic nerve.

Atrophy	2

Glaucoma.

Primary	4
Secondary	1
Traumatic	1

Various.

Blind painful eye	8

Table of Operations performed.

Orbit.

Exploration	1
For extraction of foreign body	1
Skin-graft	1

Lacrimal.

Excision of lacrimal sac	12

Lids.

Plastic operation	1
For entropion	1
Skin-graft	1
Division of outer canthus	1
Expression of fornices	3
Electrolysis of lashes	2

Ocular muscles.

Advancement with tenotomy	7

Globe.

Evisceration	1
Excision	17

Cornea.

Cauterization of ulcer	3
Curettage of calcareous film	2
Saemisch section	1

Iris.

Division of anterior synechia	2
Iridectomy for cystoid scar	2
,, for prolapse of iris	6
,, optical	2
,, preliminary	4
,, excluded pupil	2
Iridotomy	3
Reposition of prolapsed iris	1

Table of Operations performed—continued.

Lens.		*Sclerotic.*	
Curette evacuation . .	4	Trephining . . .	5
Discission of capsular membrane	23	Scleral puncture . .	6
Extraction after iridectomy.	1	Suturing of scleral wound .	1
,, with iridectomy	32		
Needling of soft cataract .	11		

Table of General Anæsthetics.

Chloroform	1
Chloroform and ether	34
Ether	25
	60

PROLAPSE OF IRIS AFTER LENS EXTRACTION.

Period under review, 1916–1922.

During this period 207 operations for extraction of cataract were performed, and in 15 cases iris prolapse occurred as a sequel to the operation.

No eye was lost from this cause, and, in fact, good visual results were obtained in all the 15 cases. It would appear that the only serious inconveniences caused were the necessity for a second operation and the prolonging of the time during which the patient had to be kept in hospital.

In 4 of the cases it was possible to reposit the prolapsed iris; in the remaining 11 cases the prolapsed portion of the iris was excised.

The prolapse was noticed in 9 of the cases at the first dressing on the morning after the operation; in 2 cases on the fourth day, and in 2 cases on the fifth day after operation. In 1 case a very small knuckle of iris was caught in the wound and gradually became more and more extended, and was finally excised on the tenth day.

In 1 case prolapse of iris occurred on the nineteenth day after operation; this patient was suffering from thrombosis of the femoral vein, with fever and general constitutional symptoms.

With regard to possible causative factors, in 4 cases there was much soft matter left in the pupillary zone after operation; in 1 case there was trouble at the operation—the patient squeezing badly. In 2 cases there was vomiting after the operation, and

in 1 case the patient suffered from coughing. In 7 cases there was no obvious contributory cause for the occurrence of the prolapse.

Cases of Hard Cataract.

During the year 37 cases of hard cataract were admitted, and 33 cataractous lenses removed. In 19 cases extraction was combined with iridectomy, in 13 cases the lens capsule was opened by the Graefe knife between puncture and counter-puncture, and a peripheral iridectomy performed, and in 1 case a preliminary iridectomy had been performed previously.

Of the 25 uncomplicated cases in which the vision has been recorded, 1 got $\frac{6}{6}$ vision, 3 got $\frac{6}{9}$ vision, 6 got $\frac{6}{12}$ vision, 8 got $\frac{6}{18}$ vision, 2 got $\frac{6}{24}$ vision, and 5 got $\frac{6}{36}$ vision. It should be added that many of the cases are awaiting needling.

2 cases of expulsive hæmorrhage occurred. This disaster in each case happened during the night following upon the operation. There was no indication that this result was to be expected, and the operation had been successfully accomplished. Both eyes had to be excised.

Iris prolapse occurred in 2 eyes. In 1 case it was replaced by the reposition, and in the other case it was excised. Both eyes did well.

Cases of Soft Cataract.

3 cases of traumatic cataract, 2 cases of soft pre-senile cataract and 2 cases of congenital cataract were admitted to the ward. Operation was performed on 8 eyes, and consisted in 11 needlings, 4 curette evacuations, and 1 extraction with iridectomy. The results in all cases were satisfactory.

Cases of Glaucoma.

During the year 4 cases of primary glaucoma were admitted. All 4 cases were of the chronic type. 3 were female and 1 male. All were treated by trephining, with good results.

1 case of glaucoma following upon trauma was admitted. The lens had been dislocated by a blow. The lens was removed with a spoon after a keratome section. Some vitreous was unavoidably lost, but the eye did well. 1 case of secondary glaucoma was admitted. This was a child of 3 years of age who had had iritis in the right eye 1 year previously. On admission the tension of the eye was much raised and the iris *bombé*. The case was treated by iridotomy with complete success.

Detachment of Retina, treated by Scleral Puncture; Reattachment.

Patient, female, *æt.* 32, was admitted on May 11th. She was a high myope, and had an extensive detachment of the retina in the right eye over the outer and lower portions of the fundus, and extending up to the macula.

The patient had noticed the defect of the right eye for one month previous to admittance. There was no history of trauma.

Patient was placed on absolute rest for a fortnight, but no improvement ensued. On June 7th operation was performed. The conjunctiva was dissected off from the globe downwards and outwards; the cautery was then applied to the sclera in this situation and a hole was pierced through the sclera to the subretinal space. A small amount of fluid escaped. A Graefe knife was then passed through the hole and manipulated in the hope of incising the detached retina. The eye healed well and it was noticed that the visual field improved. On June 29th, after careful examination with the ophthalmoscope no detachment could be seen. On examination in Out-Patient on November 20th there was no sign of retinal detachment.

Band-shaped Opacity of Cornea.

Male, *at.* 76, was admitted with band-shaped opacity of both corneæ. He had vision of $\frac{6}{60}$ in the right eye, and $\frac{6}{18}$ in the left eye. He stated that his vision began to fail 8 years ago.

Both corneæ were scraped with a spud and spoon. The film readily peeled off, leaving clear cornea underneath.

On discharge the vision of the right eye was $\frac{6}{24}$, and of the left eye $\frac{6}{12}$.

REPORT

OF THE

DERMATOLOGICAL DEPARTMENT.

By S. E. DORE, M.D.Cantab., F.R.C.P.Lond.

Statistical Table, 1922.

DISEASE.	Jan.		Feb.		Mar.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Acne keloid																			1						1
,, pustulosa	1	1						1																	3
,, varioliformis																			1						1
,, vulgaris	2	2			4		1	1		1	1	1	2	2		1			1	3	1		1		24
Adenoma sebaceum						1																			1
Alopecia areata	4	5	2	6	3	2	4	1	4	4	3	7	2	1	9	3	3	4	8	3	2	2	1	1	84
,, cicatrisata						1		1						3			1	1					1		8
,, post-febrilis															2					1					3
,, seborrhœic													1				1	1	1						4
,, totalis																1									1
Burns																						1			1
Carbuncle			1													1									2
Cheiro-pompholyx																			1						1
Clavus										1															1
Comedones (multiple)														1		1					1				3
Dermatitis	2	1	1		3	3	3	3		1		1	2	1		1	1	5		2	1		1		32
,, artefacta						1																			1
,, bullosa					1																				1
,, herpetiformis												1												1	2
,, medicamentosa					1								2		1		1				1	1			7
,, occupation	1	1					1		1				1					1	1			1			8
,, septic																					2		4	1	7
,, venenata					1															1					2
Dystrophy of nails															1										1
Ecthyma														1							1		1		3
Eczema	9	3	3	7	5	6	5	9	7	12	4	6	5	4	7	6	4	8	5	6	5	7	2	3	138
,, dysidrotic				1											1	2	3	1							8
,, impetiginous	1		1			1						1					1	2		1					8
,, intertriginous		1						1						1						1		1		2	7
,, pruriginous																1									1

| | | |

Statistical Table, 1922—continued.

DISEASE.	Jan.		Feb.		Mar.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Nævus (linear)	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
,, (pigmented mole)	..	..	..	1	..	..	1	..	..	..	..	..	1	1	1	1	..	..	..	..	..	1	..	..	7
,, vascularis	..	5	4	11	2	6	5	2	2	5	4	3	1	6	8	11	1	8	2	10	..	5	..	1	102
Neuro-fibromatosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Onychogryphosis	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Parapsoriasis	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Paronychia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Pediculi capitis	..	..	..	..	2	4	..	..	..	..	..	..	..	..	1	1	..	2	..	..	..	2	..	2	14
,, vestimentorum	..	..	..	..	..	1	..	..	1	..	1	1	1	..	..	..	..	..	..	..	1	..	1	..	7
Pityriasis rosea	..	..	..	..	..	..	2	1	..	..	1	..	1	..	..	1	..	..	..	..	1	..	1	..	8
Prurigo	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Pruritus	1	1	1	..	..	..	..	..	1	..	1	..	..	..	1	1	..	..	1	1	1	1	1	..	11
,, senile	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2
Psoriasis	1	7	2	7	2	7	1	5	3	3	1	6	1	3	..	8	1	5	2	2	2	3	2	4	78
Purpura	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Pyodermia	..	..	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..	..	4
Rhinophyma	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Rodent ulcer	..	..	..	..	1	1	1	..	1	..	..	..	..	..	1	..	..	..	1	1	2	3	..	..	12
Rosacea	..	..	..	..	..	1	..	2	1	..	..	1	..	..	1	1	..	2	..	1	..	..	..	..	10
Scabies	5	7	5	4	7	3	1	1	..	1	1	1	..	2	2	1	2	4	..	2	..	1	1	1	52
Sclerodermia	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	3
Sebaceous cyst	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2
Seborrhœa	1	5	..	1	..	1	..	..	1	2	..	2	1	..	1	..	..	1	1	3	..	1	1	2	24
,, eczematous	5	7	5	4	12	5	..	5	3	2	4	..	1	2	1	2	2	2	4	6	4	3	4	2	85
,, impetiginized	..	..	1	1	2	..	..	..	1	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	7
Sycosis	2	..	1	..	2	..	..	..	..	..	..	2	..	..	..	1	..	2	..	..	2	..	1	..	13
Syphilis (early)	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
,, (late)	..	..	..	..	..	..	..	..	1	..	..	2	1	..	..	..	..	1	..	..	..	..	..	..	5
Tinea circinata	4	5	3	2	2	1	..	2	1	2	1	..	..	..	1	1	2	4	..	..	5	3	..	..	39
,, cruris	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1

Tinea tonsurans	4	7	2	5	1	4	2	5	1	7	6	4	3	2	3	4	5	6	3	8	1	3	.	.	.	86
,, versicolor	.	.	.	.	1	.	.	.	2	.	.	.	.	.	2	.	.	.	.	.	.	.	.	.	.	5
Trichorrhexis nodosa	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
Tuberculide (acneiform)	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	1
,, (papulo-necrotic)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1
Tuberculosis verrucosa cutis	.	.	.	.	.	.	.	1	.	.	.	.	.	1	.	.	1	.	1	.	.	.	.	.	1	5
Tuberculous ulcer	.	.	.	.	.	.	.	1	.	.	.	1	.	1	.	.	.	.	.	1	.	.	.	.	.	4
Ulcer (traumatic)	.	.	.	.	2	.	.	.	.	.	.	.	1	.	.	.	.	1	.	.	1	1	.	.	1	7
Urticaria	1	1	4	.	1	7	.	1	2	1	.	.	2	2	2	2	1	4	.	.	.	.	1	2		34
,, papulosa	.	1	1	.	1	3	.	.	1	1	.	1	1	3	2	2	4	3	4	1	.	1	1	1		32
Varicose eczema	1	2	1	3	.	1	.	.	.	2	1	4	.	4	2	1	1	1	.	2	.	.	1	1		28
,, ulcer	2	2	.	2	1	.	1	2	.	3	1	.	.	1	.	2	2	1	.	1	2	3	.	.	.	26
Verruca	1	1	1	.	.	1	1	.	2	.	1	2	.	1	1	2	1	.	3	2	.	2	.	.		22
Xerodermia	.	.	.	.	1	1	.	.	.	.	.	.	.	1	.	1	.	.	.	.	1	.	.	.		5
Miscellaneous (including many cases of which the diagnosis is not recorded)	2	7	2	.	7	7	5	15	6	21	3	9	5	11	11	12	2	6	5	15	3	8	7	11		180
Total for month	61	84	49	63	74	93	40	75	51	82	42	65	47	63	76	78	63	86	60	82	57	62	44	50		
Total for year																										1547

REPORT

OF THE

EAR DEPARTMENT.

By H. J. MARRIAGE, M.B., B.S.Lond., F.R.C.S.Eng.

This report only refers to out-patients who attended for the first time during the year; it does not include in-patients, or patients referred from other departments.

The statistics of operations performed on patients admitted to the hospital will be found in the General Surgical Report under the headings, "Diseases of the Auditory System," "Diseases of the Respiratory System," and "Diseases of the Digestive System."

New Cases treated during the year 1922.

Disease.	Males.	Females.	Total.
Diseases of the external ear	64	69	133
,, ,, middle ear	353	500	853
,, ,, internal ear	30	38	68
,, ,, nose, mouth and pharynx	55	52	107
Miscellaneous	17	25	42
Total	519	684	1203

Disease.	Males.	Females.	Total.
A. Diseases of the External Ear.			
Eczema of auricle	1	3	4
Impetigo of auricle	2	3	5
Eczema of external meatus	1	4	5
Acute otitis externa	26	19	45
Furuncle of external meatus	9	12	21
Exostosis of external meatus	1	1	2
Foreign body in external meatus	3	1	4
Cerumen	21	26	47
Total	64	69	133
B. Diseases of the Middle Ear.			
Otitis media :			
Acute suppurative	63	78	141
Chronic ,,	137	165	302
,, ,, with polyp	11	13	24
Acute non-suppurative	4	3	7
Chronic ,,	42	98	140
Acute mastoid disease following acute otitis media suppurativa	4	10	14
Acute mastoid disease following chronic otitis media suppurativa	3	1	4
Old mastoid disease	11	19	30
Sclerosis following chronic otitis media suppurativa	8	22	30
Post-aural fistula	1	—	1
Eustachian obstruction :			
Adenoids	48	66	114
Other causes	21	25	46
Total	353	500	853
C. Diseases of the Internal Ear.			
Deaf-mutism	1	4	5
Otosclerosis	—	3	3
Nerve-deafness	28	30	58
Congenital syphilis	1	1	2
Total	30	38	68

Disease.	Males.	Females.	Total.
D. Diseases of the Nose, Mouth, and Pharynx.			
Hypertrophic rhinitis	3	2	5
Atrophic rhinitis	—	5	5
Acute rhinitis	3	3	6
Chronic rhinitis	2	12	14
Abscess of nose	1	—	1
Septic dermatitis of nose	2	—	2
Injury to nose	—	1	1
Syphilitic ulceration of nose	1	—	1
Deflected nasal septum	29	18	47
Acute frontal sinusitis	—	1	1
Empyema of antrum Highmori	5	—	5
Malignant disease of antrum Highmori	1	—	1
Chronic ethmoiditis	—	1	1
Malignant disease of ethmoid	—	1	1
Malignant disease of nose	1	—	1
Nasal polypi	1	4	5
Foreign body in nostril	1	—	1
Epistaxis	2	—	2
Alveolar abscess	—	1	1
Acute tonsillitis	2	3	5
Chronic pharyngitis	1	—	1
Total	55	52	107
E. Miscellaneous Diseases.			
Gland over mastoid	2	—	2
Glands of neck	3	—	3
Neuralgia	1	3	4
Bell's palsy	2	3	5
Hysterical deafness	—	1	1
Hay fever	—	1	1
Medical	6	13	19
Surgical	2	—	2
Nihilitis	1	4	5
Total	17	25	42

REPORT

OF THE

CLINICAL AND PATHOLOGICAL LABORATORIES.

By L. S. DUDGEON, C.M.G., C.B.E., F.R.C.P.

The total number of cases investigated in the Clinical Laboratory for 1922 was 4889, and in the Pathological Laboratories 103.

577 tumours were examined, of which 167 were carcinomata, 12 sarcomata, 1 rodent ulcer and 13 endotheliomata, while the remainder, 384, were non-malignant.

445 bacteriological investigations were made, of which 76 were blood cultures; 267 bacteriological examinations of fæces were made, and also a large number of similar specimens were examined for helminths and protozoa.

2367 blood examinations were made, which included from the routine blood-count to elaborate investigations. The Wassermann and Sachs-Georgi reactions (modified technique) were investigated on a large number of cases.

Patients' blood was tested for evidence of typhoid and paratyphoid, dysentery and *coli* infections.

Throat cultures were examined in 811 cases, of which 68 were positive.

Sputum: This was examined from 230 cases. Tubercle bacilli were found on 40 occasions. Full bacteriological investigations were made in a very large number of instances.

228 bacteriological examinations of the urine were made.

A large number of out-patients attended weekly for vaccine and other special treatment and many ward patients were similarly dealt with.

REPORT

OF THE

X RAY DEPARTMENT.

By G. FILDES, M.B., Ch.B.Manch., D.M.R.&E.Cantab.

During the year 1922 certain alterations of a minor character were carried out to increase both the efficiency of the output of work and to render the working conditions of the staff less harmful.

The overhead high tension leads which had been of the wire variety were replaced by corona-less metal tubing of large section, this being slung on large insulators from the roof beams. An exhausting fan was also fitted. These alterations were carried out by the Hospital Engineer, and have greatly minimized nitrous fumes and ionized atmosphere.

A double-purpose couch and screening stand was presented by the Medical Research Council to enable serial films of the antrum of the stomach and first part of the duodenum to be obtained. This has proved of value up to a point and is cheap and efficient in operation.

Later in the year a new transformer of the latest type was very generously presented by Henry Myers, Esq. This has been of the utmost value, not only in increasing the efficiency of the work, but in obtaining greater safety for the operators, in that screening can be carried out with very much less current passing through the X-ray tube than ever before.

The number of cases examined and treated in the Depart-

ment continues to increase year by year, and the final numbers were :

Examinations . .	9,217
Treatments . . .	3,988
Total . .	13,205

It is hoped to work out a definite cost per case in future years, but the present year shows an average of only 1·5 negatives per examination.

REPORT

OF THE

PHYSICO-THERAPEUTIC DEPARTMENT (SECTION A).

1922.

By RICHARD TIMBERG, M.R.C.S., L.R.C.P., G.D.Stockholm.

In last year's report a somewhat extensive account was given of the new lines upon which the work in the Physico-Therapeutic Department had been arranged, and as there has been no striking innovation during 1922, at least as far as Section A is concerned, there is no need for any long report on this occasion.

The teaching in the Massage School as well as the treatment of the patients has followed its regular course. The number of students has kept at about the same average as in the previous year, but it is fluctuating periodically as various batches of students pass their different examinations and new courses are commenced. It is no easy task to organize their work and arrange their time-tables so that each separate class and individual student gets her fair share of teaching and experience in the work of the three different sections of the Department; and at the same time so that the demand is satisfied with regard to operators to deal with the patients in each of the three sections. This task devolves entirely upon Miss Randell, the Sister-in-Charge of the whole Department; and the way in which she meets the different and sometimes conflicting claims of the three Medical Officers, taken in conjunction with the results obtained by our students in the Chartered Society's examinations, does her great credit.

With regard to the nature of cases dealt with in Section A, the two largest groups are, as usual, spinal curvatures and

arthritis. One gratifying feature in connection with the former class of patients is that a greater number of them now arrive for treatment at a much less advanced stage than was the case in the early days of the Department. This is mainly due to the more careful inspection by the school medical officers, and an appreciation on their part of the importance of treatment by exercises of these deformities in the incipient state.

Amongst the various forms of arthritis, it is especially osteo-arthritis that predominates and seems to be referred to the Department in ever-increasing numbers. The chief reason for this tendency is no doubt to a great extent the intractable nature of these chronic and progressive cases and their poor response to ordinary medical or surgical means. Unfortunately the same applies very much to our endeavours in this Department. Still, a considerable degree of comfort, relief and improvement can undoubtedly be achieved in the majority of cases by persevering treatment, and the best proof is the tenacity with which patients of this type keep up their attendance.

Application of heat in one form or another forms the most important item of the *régime* adopted; and we employ electric heat-bath, either of the dark variety or combined with light, diathermy being reserved for use in the Electro-Therapeutic Section of the Department. The radiant heat is, however, hardly ever used alone, but forms a most valuable preparation to enhance the effect of other measures—*i. e.* massage, exercises, and sometimes Faradic stimulation.

The heat is also a most useful preliminary to ionization, but this application is again exclusively reserved for use in Section C.

There is one particular method which has recently been adopted in the Department, and to which I wish to draw attention, as the results seem very encouraging, and that is the combined and simultaneous use of radiant heat and massage with iodex. For this purpose we use one strong lamp with a parabolic mirror which throws a beam of parallel rays of intense light and heat on to the affected area. This produces a very marked hyperæmia of the skin, and the heat would soon be intolerable if the hand of the masseuse were not constantly passed over it in administering the massage. Instead of any other lubricant, we generally use the so-called iodex ointment under these circumstances, and I have no hesitation in stating that this acts

more than as a lubricant, increasing the effect of the manipulation by the counter-irritating and re-absorbing influence of the preparation. The ointment is absorbed by the skin surprisingly rapidly under the combined agency of the heat and the manipulation, and the iodine is generally very well tolerated in this form.

I have been struck with the frequency with which the patients themselves have dated their improvement from the time that this particular form of treatment has been adopted in their case.

One circumstance in connection with the working of the Department that might with advantage be referred to is the slight confusion that has from time to time been noticed to exist with regard to the division of the activities between the three separate sections; and it may be worth while to put on record an attempt that was made during the past year to minimize mistakes in this respect. It took the form of a joint letter from the three medical officers in the Department, addressed to the Secretary of the Medical and Surgical Staff for circulation to its various members. This letter, which seemed not without its good effect, is hereby given *in extenso*, as it best explains itself:

Physico-Therapeutic Department.
St. Thomas's Hospital;
April, 1922.

Dear Dr. Elliot,—It has been suggested that we should appeal to your kind intervention in order to bring to the notice of the Medical and Surgical Staff and their representatives a clearer conception of the organization and division of the work within this Department.

At present a good deal of (quite pardonable) confusion seems to exist on this matter, so that very often cases of particular types, or requiring certain forms of treatment, are erroneously recommended to one of the three medical officers within whose sphere of work they do not rightly fall.

In order to minimize the resulting overlapping or necessary redistribution of the cases between us, it might be well to point out the main lines of division of the work between the three different sections of the Department, each under its own M.O. Thus:

(*a*) Mr. Timberg is responsible for the treatment by massage as well as exercises of medical cases, spinal curvatures, and other deformities; and generally affections and injuries of a more chronic nature, especially such as require application of heat, the radiant heat baths coming under this section.

(*b*) Dr. Mennell takes charge of fractures and all forms of recent injuries for which surgical massage and re-educational exercises may be recommended.

(*c*) Mr. Levick is responsible for the electro-therapeutic treatment, including diathermy, but not the heat-baths (see above), nor any form of radiology.

This division can of course not be laid down as a hard and fast rule, and must always be subject to a certain amount of amicable adjustment between us; but if the above rough classification were generally known, it would greatly reduce the number of cases referred in error to a section of the Department to which they do not belong. We would therefore be glad if you could in some suitable way bring it to the knowledge of all concerned.

Table of Cases treated in the Physico-Therapeutic Department (Section A), during 1922.

Diagnosis.	M.	F.	Total.	M.	F.	Total.
Deformities—						
Spinal curvatures (various types)	43	90	133			
Caries of spine	1	—	1			
Spondylitis	5	2	7			
Torticollis	3	4	7			
Cervical rib	—	5	5			
Dupuytren's contracture	1	1	2			
Congenital dislocation of hip	—	1	1			
Coxa vara	—	1	1			
Genu valgum	2	2	4			
Talipes—						
Planus	26	25	51			
Cavus	1	1	2			
Equino-varus	3	1	4			
Varus	—	3	3			
Valgus	1	3	4			
Hallux valgus	1	1	2			
Hallux rigidus	1	—	1			
Köhler's disease	1	—	1			
Foot trouble without definite deformity	12	11	23			
				101	151	252
Trauma :						
Contusions	8	—	8			
Fractures (old)	9	3	12			
Cut tendons	5	7	12			
Muscle strain	3	1	4			
Joint injuries—						
Shoulder	12	9	21			
Elbow	3	3	6			
Wrist and hand	14	11	25			
Sacro-iliac and back	8	3	11			
Knee	15	13	28			
Ankle	8	11	19			
				85	61	146
Chronic synovitis				8	4	12
Teno-synovitis				1	1	2
Ganglion				2	—	2
Osteomyelitis				4	—	4
Cicatricial contractions				—	2	2
Do. after cellulitis				9	4	13
Do. after burns				1	1	2
Carried forward				211	224	435

Diagnosis.	M.	F.	Total.	M.	F.	Total.
Brought forward	.	.	.	211	224	435
Arthritis—						
Tuberculous	5	4	9			
Osteo-	33	39	72			
Rheumatoid	11	30	41			
Gouty	4	—	4			
Septic	—	1	1			
				53	74	127
Lumbago				5	1	6
Fibrositis				7	7	14
Diseases of nervous system—						
Hemiplegia	7	5	12			
Spastic paraplegia	1	3	4			
Meningitis	1	—	1			
Encephalitis lethargica	3	1	4			
Disseminated sclerosis	5	4	9			
Anterior poliomyelitis	8	9	17			
Progressive muscular atrophy	—	2	2			
Post-diphtheritic paralysis	2	—	2			
Erb's paralysis	1	—	1			
Sciatica	26	8	34			
Other peripheral neuritis	9	6	15			
Neuralgia	—	2	2			
Tabes	1	1	2			
Hysteria	—	3	3			
Neurasthenia	—	1	1			
Chorea	—	1	1			
Occupation neurosis	1	—	1			
				65	46	111
Diseases of cardio-vascular system—						
Mitral stenosis	—	1	1			
Thrombosis	—	3	3			
Phlebitis	—	1	1			
Phlegmasia alba dolens	—	1	1			
Puerperal abscess	—	2	2			
Frost-bite	1	—	1			
Intermittent claudication	1	1	2			
				2	9	11
Diseases of respiratory system—						
Empyema	8	10	18			
Lung abscess	2	—	2			
Mouth breather	1	1	2			
				11	11	22
Digestive and constitutional diseases—						
Dyspepsia	—	1	1			
Constipation	—	4	4			
Peritonitis	1	—	1			
Abdominal adhesions	—	2	2			
Hernia	3	—	3			
Obesity	—	2	2			
Rickets	3	1	4			
Anæmia	—	1	1			
Debility	6	7	13			
Graves's disease	—	2	2			
				13	20	33
Miscellaneous				6	9	15
Mercurial inunctions				3	—	3
Totals				376	401	777

REPORT

OF THE

PHYSICO-THERAPEUTIC DEPARTMENT (SECTION B).

By JAMES MENNELL, M.D., B.C.Cantab.

In presenting the report of this section of the Department for the year 1922, the main features of interest are, I think, the various attempts which were made to co-ordinate as far as possible the treatment of the fractures, and to keep them under treatment in the Department, while at the same time allowing the casualty officers and the students to keep a watch over their own cases. An attempt was made to do this by arranging that every patient reported in Casualty, and was seen there instead of in the Physical Exercise Department on the same day of the week that he met with his original accident. It was hoped that by some such arrangement it might prove possible to keep the casualty officers and dressers in touch with the progress of the cases which they had seen when they first attended hospital.

Various difficulties arose which proved insurmountable. In the first place, the time fixed, namely 11.30, was one at which it was by no means always certain that I could leave the Department, as the members of the staff who come there regularly to see their cases had frequently not finished their work when it was time for me to leave. Then it was very often quite impossible to obtain the use of the room in Casualty at the time mentioned, with the result that it was often necessary to make use

of the plaster room, which was a totally unsuitable place for the purpose of examining a large number of patients, and it rendered all attempt at trying to demonstrate patients to the students and others impracticable. Even in the larger room the space was totally inadequate for this purpose.

My absence from duty for four and a half months owing to illness soon after the scheme started rendered it impossible to judge as early as I could have wished the possibility or otherwise of carrying out this scheme. Various attempts at organization had of necessity to be made in order to test the practicability of the scheme thoroughly, and it was not until the end of the year that I became convinced of the futility of attempting to carry on as we were any longer, though the next step in organization was not taken until well into 1923.

From the statistical point of view there was a slight increase in the number of cases and correspondingly in treatments given, the most interesting alteration being in the number of men who were referred for treatment from Scotland Yard.

In 1921 only 57 were referred for treatment; in 1922 the number rose to 159.

The work in connection with this branch of the Department has proved intensely interesting, and it was especially interesting to note the more rapid recovery and return to duty after a circular letter was issued from Headquarters to the divisional surgeons, that minor cases of recent injury were to be referred for treatment at an earlier date than had been customary in the past. An advance was made during the year on the technical side in so far as I introduced a regular system of building all foot splints which were required for patients attending the Department out of cork, the supports being made on the premises by the various members of the staff.

This meant of necessity that the students again were devoting a considerable amount of time to learning work, which was calculated to help them with their future work, rather than to assist them from an examination point of view.

Diagnosis.	Police.	Wards.	Casualty.	Out-patients, etc.	Totals.
Fractured fibula	2	5	24	6	37
,, tibia	1	3	38	13	55
,, ,, and fibula	2	5	16	14	37
,, patella	1	7	3	2	13
,, femur	—	9	1	—	10
,, clavicle	1	—	80	2	83
,, olecranon	1	3	21	3	28
,, radius	1	—	135	4	140
,, ulna	1	—	10	2	13
,, ulna and radius	—	5	131	9	145
,, metatarsal	8	1	21	—	30
,, metacarpal	1	—	28	4	33
,, phalange	2	—	46	1	49
,, external malleolus	—	—	22	2	24
,, internal malleolus	—	—	4	1	5
,, os calcis	1	1	8	3	13
,, astragalus	—	—	1	—	1
,, humerus	3	3	103	7	116
,, scaphoid	3	—	6	3	12
,, pelvis	1	1	—	—	2
,, glenoid	—	—	1	1	2
,, internal and external epicondyle	—	—	13	—	13
Colles's fracture	5	2	122	5	134
Pott's fracture	4	1	4	9	18
Bennett's fracture	3	—	12	—	15
Sprains, etc.—					
Back	3	1	2	10	16
Shoulder	2	—	14	4	20
Elbow	6	—	49	6	61
Hand and wrist	8	1	68	11	88
Knee	19	3	17	11	50
Ankle	19	3	54	9	85
Contusions	2	—	8	—	10
Dislocated shoulder	9	2	32	6	49
,, elbow	—	—	28	—	28
Synovitis	25	—	13	8	46
Internal derangement of knee	11	2	5	11	29
Sacro-iliac strain	1	1	4	5	11
Acromio-clavicular joint	1	—	7	2	10
Brachial neuritis	—	—	1	5	6
Cut tendons	1	—	4	5	10
Osteo-arthritis	1	5	2	13	21
Metatarsalgia (and foot trouble)	2	1	5	15	23
Muscle injuries	6	1	4	4	15
Amputations	—	2	—	3	5
Torticollis	—	2	—	—	2
Gunshot wounds	2	—	—	1	3
Fibrositis	—	—	1	2	3
Alactia	—	—	—	4	4
Miscellaneous	1	10	13	21	45
Totals	160	80	1181	247	1668

REPORT

OF THE

PHYSICO-THERAPEUTIC DEPARTMENT (SECTION C).

By G. MURRAY LEVICK, M.R.C.S., L.R.C.P.

Chronic Rheumatism.

A large number of the cases coming under treatment are those classed as "rheumatoid."

The treatment of rheumatoid cases by electrical methods alone is, on the whole, very unsatisfactory, as the type of case is invariably the result of some toxæmia, and it is only in rare instances that electrical methods are successful in remedying this condition.

There are, however, some cases having only a mild degree of toxæmia, in which a state of lowered resistance has been set up locally by trauma, low temperature, or some other exciting cause, and so the part has become the seat of chronic inflammation maintained by a degree of toxæmia that would not have affected normal tissues.

These cases, which may derive lasting benefit from certain forms of electrical treatment, include the so-called traumatic osteo-arthritis, and some of the cases of chronic fibrositis in various regions.

The successful treatment of these tissues, as of most of those requiring electrical treatment, is seldom to be accomplished by one method alone. None of the various applications in use is by itself sufficient.

Speaking briefly, there are six physiological processes attainable by electric currents:

(1) Flushing of the part with blood and exudates brought about by an intense vaso-dilatation. (2) The stimulation of metabolic activity in the cells of the tissues concerned. (3) The relief of pain. (4) The relief of spasm in the muscles. (5) The restoration of tone and nutrition of the muscles. (6) (In certain cases) the re-establishment of the normal sensory impulses.

Although, as stated above, only a few of these patients can be cured under the Electrical Department, there is probably no other form of palliative treatment as beneficial in relieving the symptoms, and making tolerable and useful the lives of those people chronically afflicted with these states of tissue poisoning.

The unsatisfactory point about these cases lies in the great length of the course of treatment required. There are a number of elderly and old patients who are, so to speak, clinical pensioners of the Hospital, who come back again and again for courses of treatment which keep them on their legs so that they can continue to earn a livelihood, but it is only possible to treat a certain number of these without curtailing the usefulness of the Department in other directions.

Peripheral Nerve Injury.

These cases, so common as a result of the war, are now coming less frequently to the Department.

There has been one particular case among others that is worth recording as an example of the perseverance needed to obtain a good end-result when motor nerves have been extensively injured.

In March, 1922, the patient, a man, æt. 43, sustained a simple fracture of the upper end of the shaft of the humerus. This was followed by paralysis of the upper limb and hand, and electrical tests disclosed complete R.D. of almost the whole median group of muscles, all the ulnar muscles excepting flexor carpi ulnaris and the inner slip of flexor profundus digitorum, and reaction of partial degeneration of the lower muscles of the musculo-spiral group.

There was much disturbance of the sensory fibres of the median and ulnar nerves but not complete sensory loss.

It was evident that there was incomplete physiological interruption of all three nerves. No operation was performed, and about six weeks after the accident, with the fragments united

in good position, the patient began treatment in the Electrical Department.

For the first six months, excepting a distinct improvement in the innervation of the musculo-spiral nerve, no observable change took place. The paresis of the intrinsic muscles of the hand, of flexor longus pollicis and pronator quadratus was complete and no faradic response obtainable.

After this period gradual recovery took place. One after another the muscles recovered faradic response. The sensory loss in the median and ulnar areas steadily diminished. After 18 months faradic response was obtainable in all the muscles concerned, but opponens and abductor pollicis were very weak and much wasted. These, however, after two years of treatment, began to recover their tone very quickly, and after 2 years and 5 months they are activating well.

Bearing in mind that the complete recovery of power to oppose the thumb by voluntary movement is uncommon after prolonged paresis and wasting of opponens pollicis, this is an extremely good result. The grip of the affected hand is normal in posture, but still weak. It is, however, steadily improving in strength, and probably electrical stimulation and re-education, so as to complete a period of three years' treatment, will result in a virtually perfect recovery.

There is good protopathic and epicritic sensibility over the whole hand.

This case provides an example to bear in mind in making a prognosis as to time, and advising treatment in cases of extensive nerve injury.

Police.

New cases, 53. Treatments, 1367.

New Cases (*Police included*).

	Out-Patients.	Wards.
Males	239	58
Females	226	57
	465	115
Total		633

Treatments (*Police included*).

Males	8341
Females	6174
Total	14,515
Treatments for 1922	15,093

—	Out-Patients.		Wards.		Total.
	Males.	Females.	Males.	Females.	
Rheumatoid arthritis	35	46	6	4	91
Fibrositis	6	4	—	2	12
Internal derangement of knee	20	17	6	4	47
Injuries other than fractures—					
Shoulder	11	9	—	—	20
Leg	3	2	5	—	10
Arm and hand	12	7	—	2	21
Ankle	7	6	2	2	17
Sacro-iliac strain	3	5	2	1	11
Peripheral neuritis (multiple)	20	11	1	3	35
Peripheral neuritis (local)	37	29	5	1	72
Colles's fracture	7	16	—	—	23
Tibia and fibula fracture	7	4	1	2	14
Femur fracture	1	—	5	—	6
Patella fracture	1	—	2	2	5
Humerus fracture	2	7	2	1	12
Pelvis fracture	—	—	2	—	2
Synovitis	7	3	2	—	12
Anterio-poliomyelitis	11	12	2	6	31
Rickets	6	6	6	3	21
Old caries of bone	—	3	1	—	4
Hemiplegia	7	2	2	—	11
Metatarsalgia, etc.	4	6	1	3	14
"Rheumatism"	17	8	3	1	29
Hallux valgus	—	5	1	4	10
Pes planus	2	4	—	2	8
Miscellaneous	31	21	9	14	75
Neurasthenia	—	—	—	1	1
Fasciitis	—	—	—	1	1
Osteomyelitis	—	2	—	—	2
Cervical rib	—	1	—	—	1
Mitral stenosis	—	1	—	—	1
Paraplegia	—	2	—	—	2
P.M.A.	1	1	—	—	2
Hysteria	—	—	—	2	2
Obesity	—	—	—	1	1
Renaud's disease	—	—	—	2	2
T.B. peritonitis	—	—	2	—	2
Chilblains	1	2	—	—	3

REPORT

OF THE

ORTHOPÆDIC DEPARTMENT.

By W. ROWLEY BRISTOW, M.B., B.S.Lond., F.R.C.S.

The attendance of patients has increased during the past year, but the in-patient work has been hampered by the inadequate bed accommodation, as it was in 1921. The work of the Out-Patient Department has largely increased.

The statistical reports of in-patients both at St. Thomas's and at the country branch at Pyrford includes only those patients who have been discharged during the past year, and who are no longer inmates of either institution.

During the year, G. Perkins, Esq., M.C., F.R.C.S., was appointed Orthopædic Registrar to St. Thomas's Hospital—a full-time appointment and part of his duties have been to visit the country branch on two days a week. The institution of this office has been of great value to the Department, both as regards the completeness of the records and the efficiency of treatment. Furthermore, the intimate *liaison* between the country branch and the main hospital has thereby been rendered possible.

The routine work has been carried on on the same lines as in the year 1921, but we hope that very shortly the opening up of the wards at present closed will liberate the necessary beds, which is at present the most urgent need of the Department.

Statistical Report.

Out-Patients.

Bones—							
Deformities—Congenital: Absent tibia							1
Acquired: Incurved tibia							7
Fractures							7
Irregular growth: Kohler's disease scaphoid							2
Pseudo-coxalgia							1
Schlatter's disease							1
Amputation stumps							4
Inflammation: Chronic osteomyelitis							3
Syphilitic osteo-periostitis							3
Joints—							
Hip—Deformities—Congenital: Dislocated hip							8
Acquired: Pathological dislocated hip							2
Coxa vara							1
Trauma							2
Arthritis: Tubercular							10
Chronic							4
Hysterical hip							1
Knee—Deformities: Genu valgum							30
Genu varum							2
Trauma							14
Arthritis: Tubercular							4
Chronic							18
Ankle and tarsus—Deformities—Congenital: Talipes equino-varus							23
Calcaneus							4
Valgus							1
Pes planus							50
Metatarsalgia							14
Pes cavus							11
Trauma							4
Foot-strain							10
Arthritis: Tubercular							2
Toes—Deformities: Congenital							5
Hammer-toes							1
Hallux rigidus							10
Hallus valgux							7
Shoulder—Arthritis: Tubercular							1
Elbow—Arthritis: Chronic							3
Wrist „ „							2
Fingers—Deformities: Congenital							2
Spine—							
Injury to back							2
Deformities: Kyphosis							3
Lateral curvature							5
Scoliosis							14
Arthritis: Tubercular							11
Nervous System—							
Spastic paralysis: Paraplegia							6
Hemiplegia							8
Anterior poliomyelitis							48
Peripheral nerve injury							4
Carried forward							374

Brought forward	374
Muscles and Tendons—Muscle-strain	1
Muscle-weakness	3
Deformities: Torticollis	4
Ruptured tendon	2
Volkmann's contracture	1
Bursæ—Bursitis	2
Skin and Fascia—Syndactilism	3
Skin contracture	2
Dupuytren contracture	1
General Diseases—Rickets	13
Unclassified—Needle in hand	1
Total	407

In-Patients discharged during 1922.

Bones—	
Deformities.—Congenital: Twist of tibia	1
Fractures: Ununited	2
Malunited	2
Irregular growth: Pseudo-coxalgia	1
Inflammation: Chronic osteomyelitis	1
Syphilitic osteomyelitis	1
Joints—	
Hip—Deformities: Congenital: Dislocated hip	4
Coxa vara	2
Arthritis: Tubercular	6
Knee—Deformities: Genu valgum	9
Trauma	2
Arthritis: Tubercular	3
Chronic	2
Ankle and tarsus—Deformities. Congenital: Talipes equino-varus	11
Pes planus	7
Pes cavus	2
Trauma	1
Arthritis: Tubercular	1
Chronic	3
Toes—Deformities: Hammer-toe	3
Hallux valgus	13
Spine—	
Arthritis: Tubercular	4
Nervous System—Spastic paralysis: Hemiplegia	3
Paraplegia	8
Monoplegia	1
Anterior poliomyelitis	35
Peripheral nerve injury	1
Muscles and Tendons—Torticollis	1
Myopathy	1
Ruptured tendon	1
Cicatricial contracture muscle	1
Bursæ—Bursitis	2
Skin and Fascia—Skin contracture	1
Total	136

Statistical Report, St. Nicholas' Hospital, Pyrford.

Cases discharged during 1922.

Bones—	
Deformities: Incurved tibiæ	14
Fracture: Ununited	1
Joints—	
Hip—Deformities: Coxa vara	1
Inflammation. Arthritis: Tubercular	8
Hysterical hip	1
Knee—Deformities. Genu valgum	17
Genu varum	2
Arthritis: Tubercular	4
Foot—Deformities: Congenital talipes	4
Arthritis: Tubercular	1
Elbow—Arthritis: Tubercular	1
Wrist— „ „	1
Polyarticular arthritis	1
Spine—Deformities: Scoliosis	3
Trauma: Injury to back	1
Arthritis: Tubercular	2
Nervous System—Spastic paraplegia	3
Anterior poliomyelitis	16
General Diseases—Rickets	2
Debility	4
Unclassified—Mental deficiency	2
Tubercular glands, neck	1
Tubercular peritonitis	1
Total	91

REPORT

OF

THE TUBERCULOSIS DEPARTMENT.

By G. T. HEBERT, M.D., B.Ch.Oxon., M.R.C.P.

Out-Patient Department.

The Tuberculosis Out-Patient Department of the Hospital serves also as the Borough Dispensary for the Inner Wards of Lambeth. The two sections are conducted on the same lines and at the same sessions. There are 9 sessions a week, one of which is arranged late in the afternoon and one in the evening. Two sessions are reserved for special cases, many of them cases of non-pulmonary tuberculosis.

The material of the Out-Patient Department proper comes from various sources, particularly the Sorting-Room, the Medical and Surgical Out-Patient Departments, and general practitioners in and near London. In addition, cases are sent for special examination from three tuberculosis dispensaries affiliated to the Hospital, namely the Wandsworth and the Battersea Dispensaries, and the Lambeth Central Dispensary at Effra Road, Brixton. The majority of the cases falling into the latter group are sent for X-ray examination ; the remainder are for examination in the other special departments, especially the Ear, Nose and Throat Department, and the Surgical Out-Patient Department. Nearly all of these patients are examined first in the

Tuberculosis Department, and the physician is responsible for sending a report to the tuberculosis officer concerned. As will be seen from the statistical tables, the services of the Hospital are used freely in this connection. Treatment is given to many of the tuberculous patients attending the Department ; others are referred for treatment to their local tuberculosis officers, if, on account of domestic difficulties, such a course would prove more satisfactory. Patients also receive symptomatic treatment while under observation for diagnosis, but the general policy in the Department is to give medicine only where there is a definite purpose to be attained by it, and to encourage patients to report at intervals and discuss their difficulties without necessarily receiving medicine as well. Special measures are taken to ensure that patients with quiescent or arrested disease report at regular intervals. In many cases medicine seems to have a definitely beneficial effect, and there is no doubt that the measures carried out at the patient's home by the Lady Almoner in consultation with the Physician to the Department play an important part in the management of a case. Better arrangements of the home especially as regards sleeping accommodation, the obtaining of grants for providing extra nourishment and help in the home whereby harmful exercise is avoided, often are sufficient in themselves to enable a definitely tuberculous patient to improve so much that sanatorium treatment is not necessary. Otherwise, nearly all patients with probably active tuberculosis are recommended for institutional treatment. Tuberculin was not given at all during the year to pulmonary patients, but was used in the majority of cases of genito-urinary tuberculosis attending the Department, as well as for a few of the cases of lupus. There seems to be some evidence of benefit in most of the cases of the above groups.

As regards the Borough Tuberculosis work, the statistics which are required by the Ministry of Health show that the numbers of new and old cases are about as large as in other tuberculosis dispensaries, but it is probable that by no means all of the tuberculous patients in the area concerned attend the Dispensary. The local practitioners use the Dispensary for consultation purposes, and preventive work is done by the examination of the contacts of infectious cases and by the visiting of homes by the Lady Almoner's staff. As in other

boroughs, the tuberculosis officer acts as Medical Referee to the local branch of the War Pensions Committee for Tuberculous Pensioners, and, as such, has completed over 200 report forms during the year. He acts also as a consultant to the Pensions Medical Boards at Chelsea, and in this connection examined over 100 men. Arrangements for institutional treatment are made by application to the London County Council for both insured and uninsured patients. Urgent cases can sometimes be accommodated by the Council with a bed almost immediately, but for ordinary cases a waiting time of three or four weeks generally occurs.

In-Patient Department.

Luke Ward provides 5 male and 5 female beds for tuberculous patients and is a great asset to the Tuberculosis Department. As the ward is situated on the ground floor, patients can be wheeled out on to the terrace during the day and can sleep outside at night. Various types of cases are admitted to the ward, but care is taken to avoid mixing highly infectious and early or doubtful cases, and to select those patients who are likely to submit to the discipline of the ward, and to harmonize with the other patients; for in a small ward devoted to one disease, one unsuitable patient may seriously affect the proper treatment of the others.

The cases are admitted—

(1) For observation;

(2) For a short period of treatment till activity of the disease has subsided and transference to sanatorium is arranged.

(3) When urgent symptoms such as hæmoptysis make hospital treatment necessary.

(4) Occasionally for chronic cases with low activity who respond remarkably well to a few weeks' treatment.

(5) For special treatment, such as by means of artificial pneumothorax.

The observation cases during 1922 numbered 17, only 1 of which were found to have tuberculosis, all in unusual forms. Some of the other patients already diagnosed in the Out-Patient Department as tuberculous were admitted for observation to determine the degree of activity present, but are not included in

the table of observation cases. All except five of the tuberculous patients made decided improvement, and there were no deaths in the ward.

Cases were also seen in the medical and surgical wards of the Hospital when there was some doubt about the diagnosis or when sanatorium treatment was to be arranged. Detailed record was not kept of these examinations, but when a definite application was made for treatment, the case received a Tuberculosis Department letter, and, therefore, appears in the Out-Patient Department returns.

Lady Almoner's Department.

The year 1922 has been a difficult one for social work in the Almoner's Department on account of the housing conditions and the impossibility of finding suitable and sufficient accommodation for tuberculous patients, many of whom have to share a bedroom with other members of the family. All sanitary defects are reported to the Medical Officer of Health, and have been promptly remedied where possible, but some houses are so bad as to defy repair. The condition of the labour market and extent of unemployment has also increased the difficulty of treating a tuberculous patient in his own home, and a very much larger number than usual has been referred to the Poor Law Guardians for assistance. In other respects it is interesting to note how much better educated the patients are in matters of health and personal hygiene, and the force of the social work undertaken, not only at tuberculosis dispensaries, but at infant welfare centres and in the County Council schools, is beginning to show good results.

Out-Patient Department.

1. *Diagnosis of New Cases.*

(*a*) Out-Patient Department, excluding Lambeth cases—

	Adults.		Children under 15.	Total.
	Males.	Females.		
Pulmonary tuberculosis	70	58	10	138
Non-pulmonary tuberculosis	32	12	51	95
Non-tuberculosis	48	136	133	317
Doubtful	8	15	14	37
	158	221	208	587

(*b*) Lambeth Dispensary Cases—

	Adults.		Children under 15.	Total.
	Males.	Females.		
Pulmonary tuberculosis	105	52	1	158
Non-pulmonary tuberculosis.	6	7	23	36
Non-tuberculosis	143	172	86	401
Doubtful	8	12	4	24
	262	243	114	619
2. *Sources of New Cases.*				
Out-Patient Departments	82	152	106	340
Private practitioners	96	95	32	223
London County Council	4	4	16	24
War Pensions Committee	36	—	—	36
Effra Road, Battersea and Wandsworth Dispensaries	142	140	105	387
Contacts and various sources	60	73	63	196
	420	464	322	1206

Old cases attending	852
Total attendances	8466
Cases referred to special departments—	
New cases	796
Old cases	72
Patients sent to sanatorium	144
„ „ homes for advanced cases	24
„ „ infirmary	63
„ „ convalescent homes	30
Sputum examinations	568

In-Patient Department.

1. *Diagnosis.*	Males.	Females.	Total.
Pulmonary tuberculosis	27	29	56
Non-pulmonary	2	1	3
Non-tuberculosis	7	6	13
	36	36	72
2. *Observation Cases.*			
Pulmonary tuberculosis	1	3	4
Unresolved pneumonia	2	2	4
Bronchiectasis	0	1	1
Chronic bronchitis	5	3	8
	8	9	17
3. *Disposal of Patients.*			
Sanatorium	22	15	37
Dispensary treatment	3	10	13
Dispensary supervision	8	10	18
Advanced home	3	1	4
	36	36	72

Lady Almoner's Department.

Patients visited by Hospital Visitor	668
Total number of visits	2086
Referred to Tuberculosis Care Committee	42
,, the Medical Officer of Health	129
,, Church Relief Committees	16
,, Charity Organization Society	59
,, Invalid Children's Aid Association	116
,, Guardians	46
,, War Pensions Committee	58
Temporary financial assistance	22
Long-standing financial assistance	3
Help with housework	16
Extra nourishment	44
Employment found	12
Extra bedding and bed supplied	16
Extra clothing	37

Other agencies referred to: Approved Societies, Baby Welfare Centres, King's Fund, Employment Bureau, Red Cross, Variety Artists' Benevolent Fund, N.S.P.C.C., Croydon Civic Service League, Soldiers and Sailors' Families Association, L.C.C. Housing Department, British Legion, Ministry of Pensions, Waifs and Strays, United Services Fund, Friends of the Poor.

REPORT

OF THE

VENEREAL DEPARTMENT.

By L. W. HARRISON, D.S.O., M.B., Ch.B.Glas.

The clinical work of the Department is shown in the following table :

	Syphilis.		Soft chancre.		Gonorrhœa.		Conditions other than venereal.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of persons who on the 1st Jan., 1922, were under treatment or observation	903	545	31	10	782	336	245	48	1961	939
2. Number dealt with during the year in the Out-Patient Clinic *for the first time* and found to be suffering from—										
Syphilis only	605	367	—	—	—	—	—	—	605	367
Soft chancre only	—	—	27	2	—	—	—	—	27	2
Gonorrhœa only	—	—	—	—	1413	295	—	—	1413	295
Syphilis and soft chancre	2	—	2	—	—	—	—	—	4	—
Syphilis and gonorrhœa	66	35	—	—	66	35	—	—	132	70
Gonorrhœa and soft chancre	—	—	—	1	—	1	—	—	—	2
Syphilis, soft chancre and gonorrhœa	—	—	—	—	—	—	—	—	—	—
Conditions other than venereal	—	—	—	—	—	—	1183	458	1183	458
Total—Item 2	673	402	29	3	1479	331	1183	458	3364	1194
Total—Items 1 and 2	1576	947	60	13	2261	667	1428	506	5325	2133

The turnover was an increase of 11·5 per cent. in new cases over 1921. This was made up of increases in gonorrhœa, 18·1 per cent., and non-venereal cases 23·6 per cent., syphilis cases having decreased by 9·1 per cent., and soft chancre by 28·8 per cent.

The new cases represented approximately one-fifth of all the new cases dealt with by the 28 centres operating under agreements with the L.C.C., and one-twentieth of the new cases dealt with by the 194 centres in England and Wales.

The London centres generally in 1922 showed a decrease in new cases of approximately 8·4 per cent. on 1921.

The attendances were 149,682—an increase of 32 per cent. on 1921. The attendances were approximately $\frac{1}{3}\frac{1}{4}$ of the attendances at the 28 centres in London.

The work of the laboratory was as follows :

Wassermann tests	6672
Complement-fixation for gonorrhœa . .	2458
Cultures	4721
All the vaccines required for treatment.	

In addition 9650 microscopical specimens of secretion were examined in the clinical section, viz. :

For the gonococcus . .	9320
For *Sp. pallidum* . .	330

REPORT

OF THE

NOSE AND THROAT DEPARTMENT.

By WALTER G. HOWARTH, M.B., B.Ch.Cantab., F.R.C.S.Eng.

The statistical report of the Department is drawn up on somewhat similar lines to those of previous years. The figures for the Out-Patient Department only include those cases with out-patient letters, and do not take account of the large number of the more simple cases that are dealt with by the officers of the Department in Casualty each day.

Nor do they include the cases sent from other departments, such as the Eye Department, Skin Department, and Tuberculosis Dispensary.

As regards the operations, since the Department has become responsible for all tonsil and adenoid operations in the Out-Patient Department no statistical record is presented, and only those operations performed on in-patients are recorded.

Total Number of Cases treated in the Out-Patient Department during the Year 1922.

	Disease.	Number of patients.
A.	Affections of mouth, fauces and tonsils	173
B.	,, of nose and accessory cavities	283
C.	,, of pharynx and œsophagus	70
D.	,, of larynx	63
E.	,, general and miscellaneous	10
	Total	599

A. *Affections of Mouth, Fauces, and Tonsils.*

Disease.	Number of patients.
Acute tonsillitis	5
Peritonsillar ulcers	2
Chronic follicular tonsillitis	147
Epithelioma of tonsil	4
Syphilitic ulceration of tonsil	3
„ „ soft palate	2
Papilloma of tonsil	1
Carcinoma of palate	3
Papilloma of tongue	1
Dental cyst	1
Vincent's angina	4
Total	173

B. *Affections of the Nose and Accessory Cavities.*

Disease.	Number of patients.
Epistaxis	9
Injury to nose	3
Cellulitis of nose	1
Papilloma vestibuli nasi	2
Rodent ulcer of nose	2
Foreign body in nose	2
Osteoma of nose	1
Paroxysmal rhinorrhœa	8
Deflected nasal septum	109
Hypertrophic rhinitis	37
Acute ethmoiditis	3
Chronic suppurative ethmoiditis	52
Acute frontal sinusitis	5
Chronic frontal sinusitis	6
Acute maxillary antritis	4
Chronic maxillary antritis	10
Atrophic rhinitis	4
Carcinoma of antrum	3
Chronic naso-pharyngitis	8
Choanal polypus	2
Syphilitic rhinitis	2
Total	273

C. *Affections of the Pharynx and Œsophagus.*

Disease.	Number of patients.
Chronic pharyngitis	48
Carcinoma of pharynx	5
Syphilitic disease of pharynx	3
Dysphagia	12
Foreign body in œsophagus	2
Total	70

D. *Affections of the Larynx.*

Disease.	Number of patients.
Acute laryngitis	7
Chronic laryngitis	19
Syphilitic laryngitis	3
Tuberculous laryngitis	2
Dry laryngitis	3
Complete recurrent paralysis (right)	3
,, ,, ,, (left)	3
Functional aphonia	9
Soft fibroma of vocal cord	3
Singer's nodes	1
Hæmatoma of left vocal cord	1
Stenosis of larynx	1
Cyst of epiglottis	1
Carcinoma of larynx	7
Total	63

E. *General and Miscellaneous.*

Disease.	Number of patients.
Cervical adenitis	2
Mucocele of lacrymal sac	2
Thyroglossal cyst	1
Parenchymatous goitre	2
Gunshot wound of ethmoid	1
Eustachian catarrh	2
Total	10

Table of Operations performed (In-Patients).

Enucleation of tonsils and removal of adenoids	198
Submucous resection of septum	56
For nasal polypi and ethmoiditis (internal route)	29
Complete exenteration of ethmoid	5
Intranasal maxillary antrotomy	12
Partial turbinectomy	2
Radical frontal sinus	12
Œsophagoscopy	31
Bronchoscopy	3
Tracheotomy	2
Diathermy of tongue	3
,, of rodent ulcer of nose	1
,, of palate and tonsil	4
,, of cheek	2
For soft fibroma of vocal cord	2
,, lupus of nose	2
Intranasal dacryocystotomy	3
For glands of neck	4
Acute mastoid	1
For nasopharyngeal stenosis	1
Total	373

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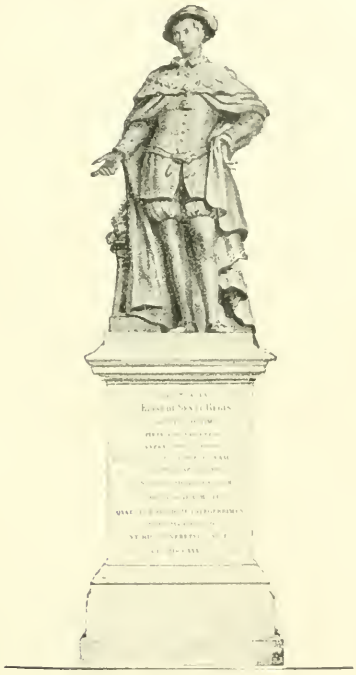
St. Thomas's Hospital Medical School.

(UNIVERSITY OF LONDON.)

PROSPECTUS

FOR THE

YEAR COMMENCING OCTOBER, 1923.



1923 & 1924.

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ST. THOMAS'S HOSPITAL, VIEW FROM RIVER.

St. Thomas's Hospital
MEDICAL SCHOOL.

The WINTER SESSION 1923-1924 will begin on Tuesday October 2nd, and end in March.

The SUMMER SESSION will begin on Thursday, May 1st, and end in July.

The Prizes will be distributed in the latter part of the Summer Session.

The Annual Dinner of past and present Students will take place at the Princes' Restaurant, Piccadilly, W., on Friday, October 26th, William Henry Battle, Esq., F.R.C.S., Eng., in the chair

For information on all matters relating to the Medical School, Prizes, Scholarships, &c., application should be made to the Medical Secretary to the School, A. ELLIOT, Esq., M.A., M.D., C.M., at the Hospital, Albert Embankment, S.E. 1, personally 10 to 4 (Saturdays excepted), or by letter. Telephone Hop. 1870.

The Dean will be glad to have a personal interview with Parents or Guardians of intending Students by appointment.

ST. THOMAS'S HOSPITAL.

The exact date of the foundation of the first Hospital of St. Thomas is unknown; but since it was dedicated to St. Thomas à Becket, who was canonised in 1172. and as the building was destroyed by fire in 1207 its origin may be fixed between those two dates. It was the property of the Church, and was situated within the precinct of the Priory of St. Mary Overie, in the Borough of Southwark. After the disaster of 1207 a temporary building was used so that the work of charity did not fail in the 21 years which elapsed before the new Hospital was ready for use. In 1228, the new building, in close proximity to the old, but on the other or eastern side of the road, received its charter, in which it is worth noting that it was described as "ye ancient Spitil." In the year 1538 the Hospital, still known as St. Thomas à Becket's Spitil, was surrendered to King Henry VIII. at the time of the general confiscation of church properties. Evidence of the good work which the old Hospital had been doing is clearly given by the fact that the necessity for its re-establishment soon made itself felt, and was satisfied only by the issue of a new charter with re-endowments and privileges in the year 1553 under the hand of King Edward VI. At the same time its dedication was transferred from St. Thomas à Becket to St. Thomas the Apostle.

From its foundation to the year 1862 the Hospital occupied its old site, but in that year the property was sold for the railway extension and the transfer to the present position was shortly after carried into effect.

The present buildings occupy an imposing position on the Surrey or south bank of the river, facing the Houses of Parliament, while their opposite aspect overlooks one of the poorest districts in London. Between the poverty-stricken streets of Lambeth and the Hospital there lies, however, a considerable tract of ground which was formerly attached to Lambeth Palace and was generously given for the use of the public by the Archbishop of Canterbury. Just beyond the extreme limit of the Hospital is the Palace itself. These few words will show how uniquely suited is the site to the character of the institution. On the one side it faces the wealth of the west, on the other the squalor of the east, while the river on the one side and the public park on the other provide the free access of light and air which are absolutely essential for the welfare of the sick. The foundation stone was laid by her late Majesty Queen Victoria in the year 1868, and the buildings were declared open by her on their completion in 1871. The cost was approximately £600,000, a large sum, certainly, but hardly excessive when it is realised that the frontage of the edifice is no less than 570 yards in length, and that the very advantages of its position rendered necessary an adequate architectural treatment which in fact was one of the conditions of the purchase of the site.

The Hospital, the first to be built in accordance with modern ideas, consists of a series of blocks separate from each other but connected by corridors open to the air on all sides. Between the blocks are grassy quadrangles, and along the whole front is a broad terrace overlooking the river and overshadowed by trees, to which both patients and students have free access.

Six of the blocks are devoted to the use of patients, one includes the Treasurer's Residence, the St. Thomas's Home for paying patients and the Gassiot Home for Nurses; one constitutes the Medical School. The wards, with the exception of three which are placed on the ground floor, occupy the first, second, and third floors. Each ward affords accommodation for 28 beds which are placed against the piers between the windows so as to secure thorough ventilation. In a small ward attached to each large one there are two beds for cases requiring special care or treatment.

The present hospital contains in all **632** beds. There are separate wards for the treatment of diseases peculiar to women (30 beds); of maternity cases (21 beds); of diseases of the eye (25 beds); of diseases of the ear, nose and throat (22 beds); of children under 6 years of age (34 beds); of Orthopædic cases (24 beds); for venereal cases, tuberculosis, infectious disease, and for the reception of casualty cases.

The space provided for each bed in the ordinary wards is upwards of 1,800 cubic feet, and in the block appropriated to infectious diseases about 2,500 cubic feet.

During the twelve months ending December 31st, 1922, the number of patients admitted into the Hospital amounted to 8,639. In the same

period, 30,542 out-patients have been treated. In the Maternity Department, 1,512 women have been treated of which 640 were admitted to the hospital and 892 were treated at their own homes. Casualties, to the number of 121,618 attendances, were treated during the same period.

ADVICE TO STUDENTS ABOUT TO ENTER THE MEDICAL PROFESSION.

To students who commence their medical education in London, two alternative curricula are open: the one leads up to the Diplomas (M.R.C.S., L.R.C.P.) of the Conjoint Board, the other to the Degrees (M.B., B.S.) of the University of London. The courses of study are nearly equal in length (for the Conjoint Diploma 5 years, for the University Degree 5½ years), and the arrangement of work practically the same. For the London University Degree, however, a higher standard is demanded, particularly in the earlier subjects of the curriculum, than for the examinations of the Conjoint Board, and while the general scheme of study in the Medical School at St. Thomas's is adapted for either course, certain special classes are provided to meet these greater requirements. The majority of medical students in London take the Final Examination for the Diplomas of the Conjoint Board even if they are members of a University, and are proceeding to a University Degree. In fact it is wise for all to do this as the diplomas are a stepping stone to certain higher qualifications.

Preliminary Examinations. Before entering on any course of Medical Study it is necessary for the student to have passed a Preliminary Examination in General Knowledge. For the University of London Degrees the usual Preliminary Examination is the "Matriculation," and for the Conjoint Diploma the Examination of the College of Preceptors, but various other Examinations are accepted by the Examining bodies in lieu of those named. Full particulars may be obtained on application to the Academic Registrar, University of London, South Kensington, S.W. 7, or to the Secretary, Examining Board in England, 12, Queen Square, Bloomsbury, W.C.

A student who has not passed such an examination is strongly recommended to pass the Matriculation of the University of London, and is advised to include Chemistry and other Science subjects as far as may be possible. Changes have recently been made in this examination by which the number of compulsory subjects is reduced and at the same time the range of choice widened. It possesses the great advantage of forming the first step on the road to a medical *degree*, the importance of which can hardly be over estimated.

Registration.—The commencement of Medical Study cannot be registered at the Office of the General Medical Council until the Student has attained the age of 17 years, has passed (1) a Preliminary Examination recognised by the General Medical Council, (2) a recognised Examination in Elementary Chemistry and Elementary Physics, and has produced evidence that he has commenced Medical Study at a University or School of Medicine, or at a Teaching Institution recognised by one of the Licensing Bodies and approved by the Council. The regulation of the General Medical Council with regard to Registration may be had from Messrs. Constable & Co., Ltd., 10, Orange Street, London, W.C. 2.

CONJOINT BOARD.

Candidates who desire to obtain the Licence of the Royal College of Physicians of London and the Diploma of the Royal College of Surgeons of England are required to complete five years of professional study after passing a recognised Preliminary Examination in General Education, and a "Pre-Medical" Examination in Chemistry and Physics conducted or recognised by the Examining Board in England.

There are two Professional Examinations the First and the Final Examinations—the Courses of Study for which must not be commenced until the Pre-Medical Examination has been passed.

The Subjects for the First Examination are: Section I. Anatomy and Physiology. Section II. Pharmacology, Practical Pharmacy, and Materia Medica.

Courses of Instruction in Anatomy and Physiology during five Terms, and in Pharmacology, Practical Pharmacy, and Materia Medica of shorter duration are necessary before this Examination may be attempted.

The subjects for the Final Examination are:—Section I. (*a*) Pathology; (*b*) Bacteriology. Section II., Part I. Medicine, Part II. Surgery, Part III. Midwifery and Gynæcology.

Candidates are admissible to either Section or any part of Section II. of this Examination at the expiration of two and a half years (30 months) from the date of passing Section I. of the First Professional Examination on production of the necessary Certificates of Study, provided that the whole Examination is not completed before the expiration of five academic years of professional study (57 months) including three academic years of clinical work at a recognised Medical School and Hospital after passing Section I. of the First Professional Examination.

UNIVERSITY OF LONDON.

The minimum duration of the course of study for the Qualifying Degree is 5½ years. As in the case of the Conjoint Board, the first year must be devoted to preparation for the First Examination for Medical Degrees (Inorganic Chemistry, Physics and General Biology). This Examination must be taken, as a rule, not less than nine months after Matriculating, but Internal Students who matriculate in January may, under certain circumstances, enter for the examination on the lapse of seven months, *i.e.* in July.

The next 18 months are devoted to study for the Second Examination for Medical Degrees, of which Part I (Organic Chemistry, including Bio-Chemistry), can be passed at any time after completion of the First Examination provided that the necessary approved course of study shall have been attended. Part II (Anatomy, Physiology and Pharmacology, is to be passed after passing Part I, and not less than 18 months after completing the First Examination. The Third Examination for the Medical Degrees (M.B., B.S.) can be taken not less than 3 years after passing in Anatomy and Physiology at the Second Examination, Part II.

UNIVERSITIES OF OXFORD AND CAMBRIDGE.

Most Students from the older Universities join the Medical School at the commencement of their fourth year, that is, after they have passed an Examination corresponding to the First Professional of the Conjoint Board, or the Second Examination for Medical Degrees of the London University. At the end of the fourth year Oxford Students have to present themselves for an Examination in General Pathology and Pharmacology, for which a special course of study in the Medical School is arranged.

Preparation for this Examination may be carried on concurrently with clinical work in the Hospital Wards or Out-patient Rooms. The Final Examination for the M.B. degree corresponds in all essentials to that for the London University degree, but Cambridge Students have in addition to write a Thesis or Essay on some medical subject.

All students are required to register their names in the Dean's office on joining the School for the first time and, annually, at the commencement of each Winter Session. Attendance at lectures, demonstrations, and clinical work is also registered.

All Students are required by the Governors to conform to the Regulations of the Hospital and Medical School, and the School Council is empowered, with the approval of the Treasurer, to suspend or remove a Student at any time for adequate reason.

All students are required to provide themselves with such **Instruments** as may be necessary and with a suitable **Microscope**.

Students intending to prepare for **University Degrees and other higher Examinations** should apply to the Dean for any further information relating thereto.

Students when qualified should use every effort to obtain one or more of the senior appointments open to them, especially those of House Physician, House Surgeon, Obstetric House Physician, and Casualty Officer. These and other appointments, of which details are given elsewhere, afford opportunities for obtaining practical professional knowledge which cannot be estimated too highly. (See pages 40 and 41.)

CURRICULUM FOR THE UNIVERSITY OF LONDON AND FOR THE DIPLOMA OF THE CONJOINT BOARD.

First Winter Session.

Lectures. Biology, Chemistry, Physics, with Practical Work in each subject.

Examinations. Conjoint "Pre Medical" Examination in Chemistry and Physics (if not already passed) in March.

First Summer Session.

Lectures. Biology, Chemistry, Physics, with Practical Work in each subject.

Examinations. First Examination for Medical Degrees (Univ. Lond.), in July.

Second Winter Session.

Lectures. Anatomy, Physiology, Anatomical Demonstrations and Dissections. Organic and Applied Chemistry for the Second Examination for Medical Degrees, Part I.

Examinations. "Sessional" Examination (vivâ voce) in December.

Second Examination for Medical Degrees (Univ. Lond.) (Part I.) in March.

Second Summer Session.

Lectures. Histology with Practical Work, Dissections, Organic and Applied Chemistry (for July Examination, if not already passed), Demonstrations in Practical Pharmacy, Practical Instruction in Pharmacy.

Examinations. "Sessional" Examination, written and vivâ voce in July.

NOTE.—Students are eligible to present themselves for the "First Conjoint" (Anatomy and Physiology) after instruction in these subjects during five Terms, subsequent to passing the "Pre-Medical" Examination. They are strongly advised to take this examination at the earliest date possible.

Third Winter Session.

Lectures. Anatomy and Physiology with Demonstrations and Dissections, Practical and Chemical Physiology, Pharmacology with Demonstrations.

Examinations. "Sessional" Examinations in December and in March.

Second Examination for Medical Degrees (Univ. Lond.) (Part II.) in March.

Third Summer Session.

Elementary Course of practical instruction in Medicine, Surgery, Pathology and Bacteriology, preparatory to the commencement of Clinical Work in the Wards. For convenience of Students this course is held three times a year.

Hospital Practice, Medical and Surgical, with Clerkship or Dressership. A Post-Mortem Clerkship and Clerkship in the Pathological Laboratory should be held at the same time as the In-patient Medical Clerkship.

Lectures. Pathology, including Practical instruction in Bacteriology; Midwifery; and such of the subjects of the Fourth Summer Session as time and circumstances permit.

The course of instruction in Practical Medicine must be attended by Clinical Clerks, and the course of Elementary Practical Obstetrics by Clerks in the Gynæcological Department.

Examinations. Second Examination for Medical Degrees (Univ. Lond.) (Part II.) in July if not already passed.

Fourth Winter Session.

Lectures.

Hospital Practice, Medical and Surgical.

Clinical Clerkship with Clerkship in the Post-Mortem Room, or Pathological Laboratory (if not already held); or Dressership. Attendance at a recognised Fever Hospital.

Medicine, Surgery, Pathology, Practical instruction in Clinical Pathology, Practical Surgery, Pharmacology, Applied Anatomy.

Clinical Lectures in Medicine and Surgery.

Fourth Summer Session.

Lectures.

Hospital Practice, Medical and Surgical, with Clerkship or Dressership. Attendance at a recognised Fever Hospital, if not already done.

Pathology (continued), including Practical instruction in Bacteriology and Clinical Pathology, Forensic Medicine, Midwifery, and such of the subjects of the Fifth Summer Session as time and circumstances permit.

Fifth Winter Session.

Lectures.

Hospital Practice, Medical, Surgical, the Special Departments, and attendance at Post-Mortem Examinations. Clerkship or Dressership in Special Departments. Instruction in Vaccination (Fee, one guinea and a half).

Pathology (if not taken in fourth winter); Medicine, Surgery, Obstetric Demonstrations; Diseases of Women: Diseases of the Eye. Clinical Lectures on Medicine and Surgery. Applied Anatomy.

A course of instruction in Venereal Disease should be taken by all Students during the Fifth Winter or Summer Session.

Fifth Summer Session.

Lectures.

Hospital Practice, Medical and Surgical, and Special Departments.

Midwifery, Mental Disease, Tropical Diseases, Public Health, Diseases of the Eye, Clinical Medicine, Clinical Surgery. Attendance at a Fever Hospital (if not already completed).

Tutorial Classes in Medicine, in Surgery (including operations upon the Dead Subject), and in Midwifery.

NOTE.—Hospital Practice: Students are advised, after three months' Casualty and Out-Patient Dressing, to act as Clinical Clerks in the Medical Wards for a period of six consecutive months. During the first three months, which are spent in the Clinical Medical Unit, Post-Mortem Clerkships should be held in addition; and during the second three months facilities are afforded for attending a Course of Instruction in Infectious Fevers at one of the Metropolitan Asylums Board Hospitals.

Subsequently, six consecutive months should be spent as Dressers in the Surgical Wards, followed by three months' Clerkship in the Department of Midwifery* and Gynæcology.

The remainder of the time at the Students disposal should be devoted to the Special and Out-Patient Departments and to "Senior Rounds" in the Wards.

Students are reminded of the great importance of a Course of Instruction in the Clinical Laboratory at some period of their Clinical Work.

* Maternity Cases may be attended by Students who have passed the Second Examination for Medical Degrees, or the "First Conjoint," who have attended the Lectures on Midwifery and a course of Practical Obstetrics, and who have acted as Clerks and Dressers. Maternity cases are attended in the Maternity Ward in conjunction with Clerking in the Ward for Diseases of Women. One month is spent in the Maternity Ward, and afterwards Maternity Cases are conducted for a period of two weeks in the patients' own homes in the out-district under supervision of the Obstetric House Physicians. See also pages 23 and 24.

N.B.—Clerks in the Post-Mortem Room or attending Fever Courses are not allowed to attend Maternity Cases.

I.—OFFICERS OF THE HOSPITAL.

Consulting Physicians.—Sir Seymour J. Sharkey, M.A., M.D. Oxon., T. D. Acland, M.A., M.D. Oxon., H. P. Hawkins, C.B.E., M.A., M.D. Oxon., Sir Hector W. G. Mackenzie, M.A., M.D. Cantab., R. Percy Smith, M.D. Lond., E. Stainer, M.A., M.D. Oxon., H. G. Turney, O.B.E., M.A., M.D. Oxon., J. J. Perkins, M.A., M.B. Cantab.

Emeritus Physician.—F. F. Caiger, M.D. Lond.

Consulting Surgeons.—Sir George H. Makins, G.C.M.G., C.B., LL.D., W. H. Battle, Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., M.S. Lond., E. M. Corner, M.A., M.Ch. Cantab.

Consulting Obstetric Physician.—H. Gervis, M.D. Lond.

Consulting Ophthalmic Surgeon.—J. B. Lawford.

Consulting Anæsthetists.—Walter Tyrrell, H. Low, M.A., M.B., B.Ch. Cantab.

Consulting Dentist.—C. E. Truman, M.A. Cantab.

Consulting Chemical Pathologist.—Prof. H. MacLean, M.D. Aberd., D.Sc. Lond.

Physicians.

C. R. Box, B.Sc., M.D., B.S. Lond.
A. E. Russell, M.D., B.S. Lond.
E. F. Buzzard, M.A., M.D. Oxon.
H. MacLean, M.D. Aberd., D.Sc. Lond.

Surgeons.

Sir Cuthbert Wallace, K.C.M.G., C.B., M.B., B.S. Lond.
Percy Sargent, C.M.G., D.S.O., M.A., M.B., B.Ch. Cantab.
C. A. R. Nitch, M.S. Lond.
J. F. Adams, M.S. Lond.

In Charge of Out Patients.

M. A. Cassidy, M.A., M.D. Cantab.
J. L. Birley, C.B.E., M.A., M.D., B.Ch. Oxon.
H. L. Tidy, M.A., M.D., B.Ch. Oxon.
C. M. Page, D.S.O., M.S. Lond.
W. H. C. Romanis, M.A., M.B., M.Ch. Cantab.
B. C. Maybury, M.B., B.S. Lond.
P. H. Mitchiner, M.S., M.D. Lond.

SPECIAL DEPARTMENTS.

Ophthalmic.—J. H. Fisher, F.R.C.S., A. C. Hudson, F.R.C.S.

Obstetric and Gynecological.—J. S. Fairbairn, M.A., M.B., B.Ch. Oxon., J. P. Hedley, M.A., M.B., M.Ch. Cantab., In charge of O.P., J. M. Wyatt, M.B., B.S. Lond.

Neurological.—E. F. Buzzard, M.A., M.D. Oxon.

Diseases of Children.—R. C. Jewesbury, M.A., M.D. Oxon.

Diseases of Ear.—H. J. Marriage, F.R.C.S.

Diseases of Throat.—W. G. Howarth, F.R.C.S.

Diseases of Skin.—S. E. Dore, M.A. M.D. Cantab.

Mental Diseases.—W. H. B. Stoddart, M.D. Lond.

Electro-Cardiographic.—M. A. Cassidy, M.A., M.D. Cantab.

SPECIAL DEPARTMENTS—*continued.*

Orthopædic Dept.—Sir Robert Jones, K.B.E., C.B., F.R.C.S., W. Rowley Bristow, M.B., B.S. Lond., F.R.C.S.

X Ray.—Sir Archibald D. Reid, K.B.E., C.M.G., C. Gouldesbrough, B.A., M.B., B.Ch. Oxon. G. Fields, M.B., Ch.B. Manch.

Electro-Therapeutics.—G. Murray Levick, M.R.C.S., L.R.C.P.

Massage.—James Mennell, M.A., M.D., B.Ch. Cantab.

Swedish Remedial Exercise.—R. T. Timberg, M.R.C.S., L.R.C.P.

Tuberculosis.—G. T. Hebert, M.A., M.D. Oxon.

Dental.—R. McKay.

Venereal Dept.—Col. L. W. Harrison, D.S.O., M.B., Ch.B., T. Anwyl-Davies, M.B., B.S. Lond., W. M. de M. Peyton, O.B.E., B.A., M.B., B.Ch.

Curator of the Museum and Pathologist.

Prof. S. G. Shattock, F.R.S., F.R.C.S.

Director of Pathology and Bacteriologist to the Hospital.

Prof. L. S. Dudgeon, C.M.G., C.B.E., F.R.C.P. Lond.

Chemical Pathologist.

O. L. V. S. de Wesselow, B.A., M.B., B.Ch. Oxon.

Assistant Pathologists and Bacteriologists.

A. L. Urquhart, O.B.E., M.B., Ch.B. Edin., D.P.H. Lond.
J. F. Taylor, B.A., M.D., B.Ch. Cantab.
J. Bamforth, M.D., Ch.B., D.P.H. Liverpool.

Anæsthetists.

Z. Mennell, M.B. Lond.
E. W. Hedley, M.B.E., M.A., M.D., B.Ch. Cantab.
E. V. Dunkley, M.D. Lond.
H. B. Wilson, O.B.E., M.A., M.B., B.Ch. Cantab.
L. W. Shelley, M.C., B.A., M.B., B.Ch. Cantab.

Consulting Chemist.

Prof. R. H. A. Plimmer, D.Sc.

Pharmaceutist.

J. A. Jennings, Ph.C.

Resident Assistant Physician.

L. B. Maxwell, O.B.E., B.A., M.B., B.Ch. Cantab.

Resident Assistant Surgeon.

R. H. O. B. Robinson, B.A., M.B., B.Ch. Cantab.

Registrars.

Medical.
H. B. Russell, M.D. Lond.

Surgical.
A. C. Halliwell, B.A., M.B., B.Ch. Cantab.

Obstetric.
A. H. Richardson, M.A., M.B., B.Ch. Cantab.

Ophthalmic.—P. G. Doyne, B.A., M.B., B.Ch. Oxon.

Orthopædic.—G. Perkins, M.C., M.B., M.Ch. Oxon.

Librarian.

Prof. F. G. Parsons, F.R.C.S.

Assist. Librarian.

C. M. Wood.

II.—OFFICERS OF THE MEDICAL SCHOOL.

LECTURERS AND DEMONSTRATORS.

Biology and Practical Biology	Mr. W. Rushton and Mr. H. G. Billinghurst
Chemistry and Practical Chemistry ...	Prof. R. H. A. Plimmer, J. L. Rosedale and Mr. J. Lowndes.
Physics and Practical Physics	Mr. J. H. Brinkworth
Anatomy, Descriptive and Comparative	Prof. F. G. Parsons.
Practical Anatomy	Prof. F. G. Parsons, Mr. W. E. Le Gros Clark and Demonstrators.
Applied Anatomy (Medical)	Dr. C. R. Box.
Applied Anatomy (Surgical)	Mr. B. C. Maybury.
Physiology and Practical Physiology ...	Prof. J. Mellanby and Mr. A. St. G. Huggett.
Histology	Prof. J. Mellanby and Mr. W. Legg Symes.
Pharmacology	Dr. V. J. Woolley.
Practical Pharmacy	Mr. J. A. Jennings.
Special Pathology	Prof. L. S. Dudgeon and Dr. A. L. Urquhart.
General Pathology and Bacteriology	Prof. S. G. Shattock, Prof. L. S. Dudgeon, Dr. J. F. Taylor, and Dr. J. Bamforth.
Practical Pathology and Bacteriology	Dr. A. L. Urquhart.
Chemical Pathology	Dr. O. L. V. de Wesselow.
Morbid Anatomy	Dr. A. L. Urquhart, Dr. J. L. Birley, Dr. H. L. Tidy, and the Medical Registrar.
Forensic Medicine and Toxicology ...	Dr. Edwin Smith.
Toxicology, Demonstrations	Prof. R. H. A. Plimmer.
Public Health and Sanitary Science ...	Dr. T. Carnwath.
Medicine	The Physicians.
Clinical Medicine	The Physicians.
Practical Medicine	The Physicians to Out-patients.
Surgery	The Surgeons.
Clinical Surgery	The Surgeons.
Practical and Manipulative Surgery ...	The Surgeons to Out-Patients.
Operative Surgery	Mr. J. E. Adams and Mr. P. H. Mitchiner.
Midwifery and Diseases of Women ...	Dr. J. S. Fairbairn, Dr. J. P. Hedley and Mr. J. M. Wyatt.
Clinical Midwifery and Gynæcology ...	Dr. J. S. Fairbairn, Dr. J. P. Hedley, Mr. J. M. Wyatt, and Mr. A. H. Richardson.

LECTURERS AND DEMONSTRATORS—*continued.*

Practical Midwifery and Gynæcology	Dr. J. P. Hedley and Mr. J. M. Wyatt.
Diseases of Children	Dr. R. C. Jewesbury
Diseases of the Eye	Mr. J. H. Fisher and Mr. A. C. Hudson.
„ „ *Throat*	Mr. W. G. Howarth.
„ „ *Ear*	Mr. H. J. Marriage.
„ „ *Skin*	Dr. S. E. Dore.
„ „ *Teeth*	Mr. R. McKay.
Anæsthetics	Dr. Z. Mennell.
Practical Anæsthetics	The Anæsthetists.
Orthopædics	Sir Robert Jones and Mr. W. Rowley Bristow.
Mental Diseases	Dr. W. H. B. Stoddart.
Tuberculosis	Dr. G. T. Hebert.
Venereal Disease	Col. L. W. Harrison.
Electro-Cardiography	Dr. M. A. Cassidy.
Radiology	Sir Archibald D. Reid, Dr. C. Gouldesbrough and Dr. G. Fildes.
Massage	Dr. J. B. Mennell.
Electro-Therapeutics	Mr. G. Murray Levick.
Swedish Remedial Exercises	Mr. R. T. Timberg.
Vaccination	Dr. A. E. Cope.

Clinical Medical Unit.

Director.—Prof. H. MacLean, M.D. Aberd., D.Sc. Lond.
Deputy-Director.—Isaac Jones, M.D., B.S. Melb.
Assistants.—K. H. Tallerman, B.A., M.D. Cantab., and C. H. Budge, M.R.C.S., L.R.C.P.

Clinical Surgical Unit.

Director.—Sir Cuthbert Wallace, K.C.M.G., C.B., M.B., B.S. Lond.
Deputy-Director.—B. C. Maybury, M.B., B.S. Lond.
First Assistant.—B. W. Williams, B.A., M.B., B.Ch. Oxon.

Pathologist to the Units.

S. C. Dyke, B.A., M.B., B.Ch., D.P.H. Oxon.

Tutors.

Oxford.	*Cambridge.*	*London.*
J. L. Birley, C.B.E., M.A., M.D., B.Ch. Oxon.	W. H. C. Romanis, M.A., M.B., M.Ch. Cantab.	C. R. Box, M.D., B.S., B.Sc. Lond.

Medical Secretary to the School.

A. Elliot, M.A., M.D. C.M. (Hon 1870.)

Dean of the School.

Sir Cuthbert Wallace, K.C.M.G., C.B.

THE MEDICAL SCHOOL.

The School buildings, separated by a large quadrangle from the Hospital, stand at its southern extremity, between the river and the gardens of Lambeth Palace.

THE LIBRARY AND READING ROOM.

Librarian—Prof. F. G. PARSONS, F.R.C.S.
Asst. Librarian—Mr. C. M. WOOD.

The Library, which overlooks the river, is quiet, spacious and well ventilated. It has recently been completely re-arranged and re-catalogued and contains a valuable collection of standard works, both old and new. The supply of current text-books is kept well up-to-date, so that a student has every inducement to occupy his time fully while in the Medical School. Most of the medical and scientific periodicals are taken in.

THE MUSEUMS.

The Pathological Collection, under the care of Professor S. G. Shattock, contains above 3,000 preparations, which illustrate all the morbid lesions of importance met with in the various organs of the body. The present descriptive catalogue has been entirely re-written by the Curator.

The Collection includes many specimens of historical interest, such, *e.g.*, as those used by Sir A. Cooper to illustrate his works on Dislocations and Fractures, on Hernia, and diseases of the Testis; as well as two preparations showing the result of ligature of the Abdominal Aorta, and Mr. Travers's preparations exhibiting the natural process of repair of Injuries of the Intestines, and results of the experimental ligature of Arteries. The section of Fractures contains numerous examples of gun-shot injuries, obtained from cases under the care of Sir William MacCormac during the Franco-German War (1870). A certain number of instructive specimens have, likewise, been added from the Great War (1914-19).

From the General Collection a **Type Series** has been selected to illustrate Medical, Surgical, and Gynæcological Pathology. This series of Specimens is displayed on the ground floor of the Museum, and is furnished with a specially prepared Card Catalogue.

The Marble Bust of Morgagni in the Museum was the gift of an Italian Committee, which included the chief Professors at the various Italian Universities. It was formally presented to the Hospital by the Italian Ambassador in October, 1899.

The Materia Medica Museum contains a complete collection of the inorganic and organic substances included in the British Pharmacopœia; all these are named and numbered. A second collection of the chief medicinal substances is placed in drawers and is freely accessible to students.

The Collection of Chemical and Mineralogical Specimens is under the superintendence of the Professor of Chemistry. The majority of the specimens were presented by the late Dr. Bernays.

The Museums are open daily from 9 a.m. till 5 p.m.

THE MATERNITY WARD.

LECTURES, CLASSES, & DEMONSTRATIONS.

I. PRELIMINARY AND INTERMEDIATE SUBJECTS.

(For detailed Time Table, see p.p. 31, 32).

BIOLOGY (BOTANY AND ZOOLOGY).

MR. W. RUSHTON AND MR. H. G. BELLINGHURST.

A commodious BIOLOGICAL LABORATORY is in the Main School Buildings.

Courses of Lectures, including Practical Work, are held during the Winter and Summer Sessions in preparation for the First Examination for Medical Degrees (Univ. Lond.) and for other corresponding Examinations. Revision Classes and Test Examinations are held periodically.

A six months' practical course to meet the requirements of the "Conjoint Board" is held from October to March, and a revision class from May to July.

CHEMISTRY.

PROF. R. H. A. PLIMMER, DR. J. L. ROSEDALE and MR. J. LOWNDES.

THE CHEMICAL DEPARTMENT is complete in itself. In addition to a large laboratory for class purposes there are private laboratories for research work. The department has its own lecture theatre.

A systematic Course of LECTURES on Inorganic, Organic and Physical Chemistry is given during the Winter and Summer Sessions. These lectures, which are fully illustrated by experiments, may be supplemented by a course of tutorial classes.

Courses of practical instruction in Chemistry as required for the First and Second Examinations for Medical Degrees (Univ. Lond.), and for the Examinations of the Conjoint Board, extend over the Winter and Summer Sessions.

Arrangements may be made for additional Practical Work (Elementary and Advanced) in the Chemical Laboratory at fees which may be ascertained from the Medical Secretary.

PHYSICS.

MR. J. H. BRINKWORTH.

There is a SPECIAL PHYSICS LABORATORY which is adequately provided with apparatus for practical work.

Courses of Lectures, fully illustrated by experiment, are given during the Winter and Summer Sessions, and are especially adapted to the requirements of the First Examination for Medical Degrees (Univ. Lond.), and equivalent Examinations.

The lectures are supplemented by Tutorial and Practical Classes.

ANATOMY.

PROFESSOR F. G. PARSONS, MR. W. E. LE GROS CLARK and DEMONSTRATORS.

THE DISSECTING ROOM, which is unusually large, is well equipped and well ventilated.

THE ANATOMICAL MUSEUM contains a valuable collection of dissected specimens, anatomical models, diagrams, illustrations, etc.

The Osteological Museum contains beautifully mounted specimens of Human and Comparative Osteology, as well as a representative series of Skulls of all the races of Mankind. There are also cabinets of X Ray plates and of Stereoscopic Photographs.

A Lecture Theatre, with seating accommodation for 200 Students, renders the department complete.

Lectures.—A six months' course, consisting of five lectures a week, is given during the Winter Session. As certain portions of the subject are dealt with more fully in alternate years, students are required to attend the course both in their second and third years.

Tutorial Classes, conducted partly by examination, partly by demonstration, are held daily during the Sessions.

A Course of special demonstrations of Surface Anatomy is given during the Summer Session, and, during the Winter Session, a course of lectures on the Application of Anatomy to Medicine and Surgery.

Practical.—During both Winter and Summer Sessions the dissecting room is open for the use of students, and the Demonstrators attend daily. A number of stock preparations are displayed in the room, and the others are preserved for use in the tutorial classes.

Tutorial classes are held prior to the January, March and July examinations which all candidates are allowed to attend.

Special classes are held by the Professor and Demonstrators for the Primary Fellowship Examinations of the Royal College of Surgeons in June and December. For the June Examination, the classes begin in February, and for the December Examination in October. No additional fee for these classes is charged to Students paying the Annual Fee.

APPLIED ANATOMY.

Dr. C. R. Box and Mr. B. C. Maybury.

A course of lectures on Applied Anatomy (Medical) is given by Dr. Box during the first half of the Winter Session, on Wednesdays at 4.30 p.m. It is illustrated by Lantern Slides and Models, and may be attended by Students in their third, fourth, or fifth years.

A similar course on Applied Anatomy (Surgical), is held by Mr. B. C. Maybury during both Winter and Summer Sessions, on Tuesdays, at 12 noon.

PHYSIOLOGY.

Prof. J. Mellanby, Dr. A. St. G. Huggett, Mr. J. Legg Symes and Demonstrators.

The importance of physiology for the study of medicine and the investigation of disease has advanced to a considerable degree in recent years. In order to augment the facilities for the teaching of Physiology and for the extension of research, new laboratories have been provided in the East Wing of the Medical School. On the ground floor is a large laboratory, with research rooms adjoining, devoted to chemical physiology. The second floor is equipped for the teaching of histology and experimental physiology and affords ample facilities for this purpose. The third floor contains a small theatre for the purpose of demonstrating experiments on animals; one room for research involving animal experiments; a large room for research in chemical physiology, and a library. The basement of the building contains a dark room, a galvanometer room, a centrifuge room, etc. Ample teaching facilities are available for the acquisition of elementary and advanced

physiological knowledge. Lectures and practical classes, elementary and advanced, are arranged for students working for the examination of the Conjoint Board, the Universities of London, Cambridge and Oxford, and the Primary Examination for the Fellowship of the Royal College of Surgeons. Special arrangements are made for candidates desirous of working for the Honours B.Sc. degree in Physiology at the University of London.

Provision for research is extensive and affords ample opportunities for men desirous of investigating any physiological problem. The close connection of the Laboratory with the Hospital is particularly favourable for the investigation of those branches of physiology which are intimately connected with the causation of disease.

Lectures.—A systematic course of lectures is given throughout the Winter and Summer Sessions. As certain portions of the subject are dealt with more fully in some years than in others Students are required to attend the course both in the second and third years.

Elementary Practical Physiology.—An elementary practical class for second year Students is held in the first half of the Winter Session. An elementary course of Chemical Physiology, also for second year Students, is given in the second half of the Winter Session.

Histology.—A practical class in Histology is held three mornings a week during the Summer Session, and is attended by second year Students. Each Student is practically instructed in the methods of preparing histological specimens.

Tutorial Classes in Physiology are held by the Demonstrators prior to the January, April, and July examinations of the "Conjoint Board."

Advanced Practical Physiology.—A Class in advanced *practical* Physiology is held twice a week from October to March and consists of two parts. The first half of the course is devoted to the use and study of those instruments and experiments which are fitted to class work. The second half is a course of advanced Chemical Physiology. During this class, demonstrations are given of many experiments which cannot be carried out by the Students themselves. This class is intended for those preparing for University Examinations (Oxford, Cambridge, London), or for the Fellowship of the College of Surgeons.

Special Tutorial Classes are held by the Professor and Demonstrators for the various University Examinations, as well as for the Primary Fellowship of the College of Surgeons in June and December. For the December Examination, classes begin in October, and for the June Examination in February. No additional fee for these classes is charged to Students paying the Annual Fee.

PHARMACY, PHARMACOLOGY, AND THERAPEUTICS.

Dr. V. J. WOOLLEY and Mr. J. A. JENNINGS.

The Materia Medica Museum contains a complete collection of the inorganic and organic substances included in the British Pharmacopœia; all these are named and numbered. A second collection of the chief medicinal substances is placed in drawers and is accessible to students

Lectures and Demonstrations in Pharmacology are given during the Winter and Summer Sessions, the courses being specially adapted to the requirements of candidates for the examinations of the Universities of London, Oxford and Cambridge, and the "Conjoint Board." A class in Practical Pharmacology is held at least twice a year.

Demonstrations of Materia Medica are given in the Materia Medica Museum by Mr. Jennings and two assistants.

PRACTICAL PHARMACY.—Each Session instruction in Practical Pharmacy and Dispensing as required by the Universities of London, Oxford, and Cambridge and the "Conjoint Board," is given by the Hospital Pharmaceutist, Mr. Jennings.

PATHOLOGY AND BACTERIOLOGY.

Lecturers & Demonstrators.

Lecturer on Special Pathology—
Prof. L. S. DUDGEON, C.M.G., C.B.E., F.R.C.P.

Demonstrator—
A. L. URQUHART, O.B.E., M.B., Ch.B. Edin., D.P.H. Lond.

Lecturers on General Pathology and Bacteriology—
Prof. S. G. SHATTOCK, F.R.C.S., F.R.S., and
Prof. L. S. DUDGEON, C.M.G., C.B.E., F.R.C.P.

Demonstrators—
J. F. TAYLOR, B.A., M.D., B.Ch. Cantab.
J. BAMFORTH, M.D., C.H.B., D.P.H. Liverp.

Lecturer on Chemical Pathology—
O. L. V. S. DE WESSELOW, B.A., M.B., B.Ch. Oxon.

Lecturer on Practical Pathology and Bacteriology—
A. L. URQUHART, O.B.E., M.B., Ch.B. Edin., D.P.H. Lond.

Post-Mortem Examinations—
Demonstrators—
A. L. URQUHART, O.B.E., M.B. Edin., D.P.H. Lond.; J. L. BIRLEY, C.B.E., M.A., M.D., B.Ch. Oxon. H. L. TIDY, M.A., M.D., B.Ch. Oxon.; and the MEDICAL REGISTRAR.

THE PATHOLOGICAL LABORATORIES.

These Laboratories are under the supervision of the Director of Pathology Professor L. S. Dudgeon.

1. **The Pathological Laboratory** for the study of Special Pathology occupies the west wing of the Medical School Buildings.

2. **The Louis Jenner Laboratory for Clinical Pathology,** which was founded in 1897, is named after its first Superintendent, the late Dr. Louis Jenner.

3. **The Bacteriological Laboratories,** which are an extension of the Louis Jenner Laboratory. Out-patients attend here for vaccine treatment.

4. **Laboratory of Chemical Pathology,** is situated in the same block as the Louis Jenner and Bacteriological Laboratories on the East Face of the Hospital.

The POST-MORTEM ROOM AND MORTUARY are provided with a Refrigerating Apparatus and are ventilated by the electric fan.

THE MUSEUMS: Curator, Professor S. G. SHATTOCK, F.R.C.S., F.R.S.
(See page 16.)

The following appointments are open to students:—

1. Clerkship in Morbid Histology in the Pathological Laboratories for 3 or 6 months.
2. Clerkships in the Post-Mortem Room.
3. Clerkships for senior students in Clinical Pathology, Bacteriology and Vaccine Therapy.

LECTURES, CLASSES, etc.

Students commence their "final studies" with a course in Elementary Pathology, Bacteriology and Chemical Pathology. They receive practical instruction in various laboratory methods such as are employed for the examination of patients in the Wards and Out-patient Departments, and in Elementary General and Special Pathology.

This course is held in conjunction with Elementary Surgery and Medicine. All students are strongly advised to take this course before they commence the Ward-work.

A special Practical Class in Pathology and Bacteriology is held twice a year, and is for the benefit of all students.

Practical instruction is given in the Pathological Laboratories to those students who act as clerks for a period of three or six months. Here they are able to make the various bacteriological examinations for in-patients and out-patients under the direct supervision of the teachers of pathology.

Patients attend mornings and afternoons for vaccine treatment.

Lectures: Special Pathology.—Professor Dudgeon gives one lecture each week throughout the year in Morbid Anatomy which is followed by a microscopical demonstration on the subject-matter of the lecture.

General Pathology & Bacteriology.—Professor Shattock gives one lecture each week in General Pathology throughout the Winter Session and a demonstration on the following day.

Professor Dudgeon gives one lecture a week during the same period which is followed by a practical demonstration.

Chemical Pathology.—Dr. de Wesselow gives one lecture a week in the Winter Session Oct.—Dec.

Post-Mortem Examinations are conducted and instruction in Morbid Anatomy is given on Monday, Tuesday, Wednesday, Thursday and Friday, at 1.30 p.m., and on Saturday at 10 a.m.

Tutorial Classes.—These classes are held before each examination by Professor Shattock and Drs. Urquhart, Taylor and Bamforth.

Special Lectures are given in conjunction with the lectures on Medicine, Surgery, Obstetrics and Gynæcology by Professors Shattock and Dudgeon.

HOSPITAL PRACTICE.

CLASSES FOR CLERKS AND DRESSERS.

Students about to commence Clerical duties in the Hospital are required to attend a course of Preliminary Clinical Instruction in Medicine, Surgery and Pathology. In order to maintain the association of this Course with Clinical material, they are attached during this period to the Casualty and Out-patient Department. The methods of physical diagnosis and surgical technique are taught together with Elementary Bacteriology and Pathology. A limited number of Lecture demonstrations on certain points in nursing are also included. The series of classes is repeated in whole or in part four times annually. The statutory course of Pharmacology, theoretical and experimental, may also be attended at the same time, if it has not been taken at an earlier period.

MEDICINE AND SURGERY.

The Physicians and Surgeons.

Lectures.—On account of the close inter-relation of medicine and surgery and other sciences, special subjects are taken each session and treated from the standpoints of Anatomy, Physiology, Pathology, Medicine and Surgery by the respective professors and lecturers in these branches. In this way a complete view of the subject is obtained, and much repetition is avoided. This method is found to be of greater interest and value than the systematic courses which formerly obtained. These Lectures are not designed to cover the whole ground of Medicine and Surgery or to replace the Text-Books but an attempt is made to enunciate principles and to explain difficulties. The Course extends over a period of two Winter Sessions.

SPECIAL LECTURES.

Short Courses of Lectures on Advanced Medical Subjects may be given from time to time throughout the year. Special Notices of these are posted on the Notice Boards.

TUTORIAL CLASSES.

All students are specially prepared for examinations in the final subjects of Medicine, Surgery, and Midwifery, by a system of Tutorial Classes. These are held three times a year in each subject, and last for eight weeks before each examination. The classes are conducted by Members of the Hospital Staff, and their chief object is to prepare students for *viva voce* Examination.

CLINICAL TEACHING OF MEDICINE AND SURGERY.

CLINICAL INSTRUCTION is given daily by the Physicians and Surgeons during their visits to the Wards, and by the Physicians and Surgeons, to Out-Patients in the Out-Patient Departments, as set out in the Time Table. (p.p. 33—36.)

CLINICAL LECTURES.

CLINICAL LECTURES are given on Wednesdays throughout the sessions, each lecture being, so far as possible, illustrated by cases. They include a series of lectures or demonstrations given in connection with the Special Departments. The times and subjects of all Clinical Lectures are announced beforehand on the notice boards. To comply with the regulations of the Conjoint Examination Board these lectures must be attended during a period of nine months. Attendance at the lectures is registered.

CLINICAL UNITS.

Clinical Medical and Surgical Units have recently been established under the direction of Professor H. MacLean and Sir Cuthbert Wallace respectively. All Clinical Students are attached during the first three months of their Medical Ward Clerking to the Medical Unit. Similar appointment to the Surgical Unit is optional, but all Dressers are expected to attend certain Classes and Demonstrations held in the Surgical Unit.

CLINICAL APPOINTMENTS.

CLINICAL CLERKS and DRESSERS to In-Patients are appointed every three months. The In-Patient Dressers go on Accident Duty in rotation. The DRESSER on Accident Duty is provided with a Room and Commons in the Hospital.

CLINICAL CLERKS and DRESSERS for the Out-Patients are also appointed at the same intervals.

Applicants for Clinical Appointments are required to have passed the 2nd M. B. Examination, or an equivalent examination. All Clinical Clerks and Dressers must attend a course of instruction in Physical Diagnosis, Surgical Technique and Elementary Bacteriology and Pathology. Dressers must attend the Lectures on Anæsthetics and receive practical instruction in their administration. (*The Duties of all Clerks and Dressers commence on the second Tuesday in January, April, July and October.*)

PRACTICAL SURGERY.

MR. PAGE.

A course of Instruction on the Diagnosis and Treatment of Fractures and Dislocations is held in the Summer Session. Fractures and Dislocations are taken in alternate years.

OPERATIVE SURGERY.

MR. J. E. ADAMS and MR. P. H. MITCHINER.

A course of Demonstrations in operative surgery is given by Mr. Mitchiner three and, if necessary, four times a year, preceding the Final Conjoint Examination in Surgery.

Special classes in Advanced Operative Surgery, taken by Mr. Adams, commence in October and in April, for students preparing for the higher examinations.

MIDWIFERY AND DISEASES OF WOMEN.

DR. J. S. FAIRBAIRN, DR. J. P. HEDLEY AND MR. J. M. WYATT.

Within the Hospital there is a complete Maternity and Child Welfare Centre and a Department for the Diseases of Women, and all are available for the instruction of students. For the last ten years each student has devoted a term of three months to the whole-time study of Midwifery and the Diseases of Women, and the work has been so arranged as to give him not only instruction in the practice of obstetrics, midwifery and gynæcology, but a wide outlook over the period of pregnancy and lying-in and of the mother and infant afterwards. The Department thus serves as an object-lesson in the methods of Preventive Medicine as applied to a section of the community, and a much more correct perspective of the relative importance of the different parts of the work is obtained than was formerly the case when the maternity cases were attended as an isolated event in the curriculum.

The student now begins with the pregnant woman in the Ante-natal Clinic (two mornings a week) and learns the diagnosis and treatment of the diseases and disorders of pregnancy and how to avoid preventable difficulties in labour. The more serious cases admitted for further investigation and treatment afford opportunities for more detailed observation. The actual birth he is taught to look on not as the sole or even chief object of his study, but as merely a stage, though a critical one, and one calling for special care, in the life-history of mother and infant. For a month he is drilled in the examination and management of the woman in labour in the Maternity Ward (600 deliveries per annum) and learns the work with all the resources of the Hospital to his hand; then, for a couple of weeks, goes out in the district to apply those methods to the very different conditions he finds in the patient's own home. Throughout this service he is in close touch with the Social Workers of the Almoner's Department, and thus acquires some acquaintance with the relationship of his professional studies to human society and the great social problems which he will soon discover to be pressing around him.

The second half of his term is devoted to the study of the Diseases of Women in Out-Patient and In-Patient Departments, where the results of the injuries and infections of childbed, which his previous training was designed to teach him to avoid, are seen, together with other ailments of the female reproductive tract.

By occasional visits to the Infants' Clinics he can follow the mother, watched during labour and lying-in, and her baby, whose early management he has studied, and if he proceeds to an appointment in the Children's Department, a further opportunity is afforded of learning the application of the methods of Preventive Medicine to the developing child and thus to the improvement of the physique of the race.

The work done by St. Thomas's Hospital in this direction was specially singled out for mention by the Chief Medical Officer to the Local Govern-

ment Board (then Sir Arthur Newsholme) in his Official Report for 1913-14 as being "a much more elaborate organisation, comprising a large part of the work of a complete maternity centre." Since then the work has been greatly extended.

A course of Lectures is delivered on Wednesday and Friday mornings during the second half of the Winter Session and during the Summer Session, embracing the physiology and pathology of pregnancy, labour, and the puerperal state, and the injuries and diseases of the female reproductive tract.

A course of Obstetric Demonstrations on the model is given three times a year by Dr. Hedley.

Tutorial Classes are held prior to the January, April, and July Final Examinations of the "Conjoint Board."

Midwifery.—A Maternity Ward of 21 beds is available for teaching purposes. This enables University Students to comply with the new regulations of the Examining Bodies without going to a Special Hospital. All students will receive one month's training in the Ward before attending confinements in the district. Clinical Instruction is given on Mondays at 1.30 p.m., Wednesdays at 10 a.m., and on Thursdays at 2 p.m.

A maternity department, under the supervision of the Obstetric Physician to out-patients, is connected with the hospital, women being attended in confinement at their own homes by students of the hospital.

Diseases of Women.—Clinical instruction is given in Adelaide Ward on Tuesdays and Fridays at 2 p.m., and in the Casualty and Out-Patient Departments on Mondays and Wednesdays at 1.30 p.m. and on Fridays at 2 p.m.

CLINICAL CLERKS IN THE GYNÆCOLOGICAL AND MATERNITY DEPARTMENTS are appointed every three months. For half this time they are attached to the Gynæcological Ward, and for the other half to the Maternity Ward and the Out-door Maternity District. They are also expected, whenever possible, to attend the Out-Patient Department for Diseases of Women.

The Clerks are appointed, in rotation, from a list of Students who have entered their names for the purpose, have attended Lectures on Midwifery and have held the offices of Clinical Clerk and Dresser. They must attend the classes in Elementary Practical Obstetrics. Certificates are awarded to those who have satisfactorily attended Sixty Maternity cases.

ATTENDANCE IN DEPARTMENT OF MIDWIFERY AND DISEASES OF WOMEN.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Clinical Teaching —						
In Midwifery	1.30 Mr. Wyatt	—	10 Dr. Fairbairn	2 Dr. Hedley	—	—
In Gynæcology.....	—	2 Dr. Fairbairn	—	—	2 Dr. Fairbairn	—
In O. P. Dept.....	2.30 Mr. Wyatt	—	2 Dr. Hedley	—	2 Dr. Hedley	—
In Ante-Natal Clinic....	—	0.30 Mr. Wyatt	—	—	0.30 Mr. Wyatt	—
Operations	0.30 Mr. Wyatt	3 Dr. Fairbairn	0.30 Dr. Hedley	2 Dr. Fairbairn	3 Dr. Fairbairn	0.30 Dr. Hedley

THE CHILDREN'S DEPARTMENT.

DR. R. C. JEWESBURY.

The Children's Department forms one of the Special Departments of the Hospital. The work done in this Department may be divided into

A. Preventive Medicine.

B. Treatment of Sick Children.

The Preventive Medicine Scheme closely links up with the Maternity work of the Hospital, and thus forms a continuous chain from the ante-natal period until the child is old enough to go to school, when it comes under the regular inspection of the school doctor.

In the case of babies born in the Maternity Ward of the Hospital, instruction is given with regard to their feeding and management, and after these children leave the Ward, usually at about a fortnight old, they are brought for regular periodic inspection to the "Mary Ward Clinic."

The babies born in "the District" are also brought to a similar clinic, held at another time "the District Clinic." This Clinic also acts as a chief consultation clinic for the Infant Welfare Centres in the outlying district. The student, by attending these clinics, is able to follow up the baby he has seen through the ante-natal and natal periods and receives instruction in feeding and general management of the *normal* child throughout its first twelve months. Special instruction is given with regard to breast feeding in both these Clinics. When the child is one year old it is transferred to the "Extension Clinic," where it continues to be inspected at intervals, and such things as enlarged tonsils and adenoids, carious teeth, etc., which may affect seriously its future health and development, are detected and eradicated at any early stage. The home and social conditions of the children attending these clinics are reported on through the Lady Almoner's Department.

The student, therefore, has every possible facility for studying the physiology and development of the normal child and the prevention of disease in infancy and childhood, a subject to which the State is now attaching such great importance. The above scheme now working at St. Thomas's may be said to be one of the most complete of its kind.

If any child attending the above clinics becomes ill, it is referred for treatment with the *sick* children: in this way the healthy and the sick children are separated into two distinct classes.

For "Sick Children" there is provision in the Children's Out-Patient Department every morning, and those requiring indoor treatment are admitted to the Children's Ward. Instruction is provided for students in both these Departments.

A Special Clinic is also held for the treatment of children suffering from venereal disease.

A Speech Clinic under the direction of Miss Fogerty is held on Mondays at 10 a.m., and Wednesdays at 3 p.m.

In addition, a Day Nursery is now run in connection with the Hospital in Lambeth Palace Road, and the "Mothercraft Training Centre," 29, Trebovir Road, initiated by Dr. Truby King, is also attached to the Children's Department; both of these places are open to Students for clinical work.

The whole Department, therefore, comprises the most complete means of study of

1. The Normal Child. 2. Prevention of Disease in Children.
3. Diseases of Children and Treatment.

Appointments in the Children's Department:—

1. The John and Temple Research Fellowship in Children's Diseases (£450 per ann.).
2. Resident House Physician.
3. Two Clinical Assistants. 4. Clinical Clerks.

Medical Diseases of Children.—Clinical Instruction is given in the Out-Patient Rooms on Wednesdays and Saturdays at 10 a.m. and in Lilian Ward on Wednesdays at 3 p.m.

ATTENDANCE IN THE CHILDREN'S DEPARTMENT.

Monday, 10 a.m. (DR. JEWESBURY)	Extension Clinic, 1½—5 yrs. Out-patients.	
Tuesday, 10 a.m. (DR. JEWESBURY)	Out-patients.	
Wednesday, 10 a.m. (DR. JEWESBURY)	Out-patients.	1.30 p.m. and Mary and Lilian Wards (Dr. Jewesbury)
Thursday, 10 a.m. (DR. JEWESBURY)	District Baby Clinic (up to 18 mths.). V.D. Children's Clinic, 11.	
Friday, 10 a.m. (DR. JEWESBURY)	Mary Clinic (up to 18 months) Out-patients).	
Saturday, 10 a.m. (DR. JEWESBURY)	Out-patients.	

The Speech Clinic meets Mondays, 10 a.m., Wednesdays, 3 p.m.

DISEASES OF THE EYE.

MR. J. H. FISHER AND MR. A. C. HUDSON.

A course of lectures is given by Mr. Fisher during the first half of the Winter Session. Occasional demonstrations of cases are also arranged. Clinical Lectures or Demonstrations of cases are given during the Summer Session.

An elementary class in the use of the Ophthalmoscope is held four times a year, commencing on the third Tuesday in January, April, July and October.

A special class for Instruction in Refraction is attended by the dressers on their appointment.

Tutorial classes are held in connection with the Surgical tutorial classes for the examinations of the "Conjoint Board."

A Special Course of operations on the dead subject is given by Mr. Fisher if required.

Patients are seen and Clinical Instruction afforded in the Out-Patient rooms daily at 2 p.m., except Saturday, and in the Ophthalmic Ward, on Monday and Thursday at 2 p.m. Clinical Lectures and Ophthalmoscopic Demonstrations are also given.

Ophthalmic Operations are performed on Wednesdays at 9 a.m. (October to December, 10 a.m.).

DISEASES OF THE EAR.

MR. H. J. MARRIAGE.

Clinical Instruction is given in the Out-Patient Department on Monday and Thursday Afternoons at 2 p.m. Operations are performed on Tuesdays and Fridays at 2 p.m.

A short course of Lectures on Otology is delivered by Mr. Marriage in the Summer Session, and Clinical Lectures are given from time to time.

DISEASES OF THE THROAT.

MR. W. G. HOWARTH.

Clinical instruction on Wednesdays at 2 p.m. and Fridays at 9.30 a.m. Operations are performed on Mondays and Fridays at 2 p.m.

A course of Lectures on this subject is delivered during the Summer Session, and Clinical Lectures are given occasionally.

DISEASES OF THE SKIN.

DR. S. E. DORE.

Clinical instruction on Tuesdays at 2 p.m., Wednesdays at 10 a.m., and Fridays at 2 p.m. Wednesday mornings are devoted to children.

A short course of Lectures and Clinical Demonstrations is given each Summer Session.

ORTHOPÆDIC DEPARTMENT.

SIR ROBERT JONES, K.B.E. and MR. W. ROWLEY BRISTOW.

The recently formed Orthopædic Department, of which the Director is Sir Robert Jones, is in close connection with the Massage, Electro-Therapeutic and Physical Exercise Departments. New Wards have been opened for the reception of Orthopædic patients. The In-Patients and Out-Patients are under the care of Mr. W. Rowley Bristow, Orthopædic Surgeon to the Hospital. Instruction is given in the Out-Patient Department on Tuesday at 1.30 p.m., Thursday 9.30 a.m. (old cases), and in the Wards on Friday at 10 a.m. Operations are performed on Monday at 2 p.m.

PHYSICO-THERAPEUTIC DEPARTMENT.

Swedish Remedial Exercise.—R. T. TIMBERG, M.R.C.S., L.R.C.P.
Massage.—J. B. MENNELL, M.A., M.D., B.C. Cantab.
Electro-Therapeutics.—G. MURRAY LEVICK, M.R.C.S., L.R.C.P.

HOURS OF ATTENDANCE AND CLINICAL INSTRUCTION ARE AS UNDER:—

	Mon.	Tues.	Wed.	Thurs.	Fri	Sat.
MR. TIMBERG, (Swedish Remedial Exercises)	2	—	2	—	2	—
DR. J. B. MENNELL (Massage) ...	10.30	2.30	10.30	—	10.30	10.30
MR. LEVICK (Electro-Therapeutics) ...	—	2	—	—	2	—

X-RAY DEPARTMENT.

SIR ARCHIBALD D. REID, K.B.E., C.M.G.; C. GOULDESBROUGH, B.A., M.B., B.Ch. Oxon.; G. FILDES, M.B., C.M., D.M.R. & E. Cantab.

This Department has been enlarged and remodelled. A large transformer has been installed for rapid radiography. A demonstration room, equipped with lantern and viewing boxes, has been added, together with the apparatus necessary for clinical photography and for the manufacture of lantern slides.

Special facilities for the Study of Tuberculosis is now afforded by the number of cases sent for Radiological Examination by the Borough of Lambeth.

Systematic teaching in Radiology has been introduced, and all Students attend a series of Lectures and Practical Demonstrations during the time they are attached to the Clinical Medical Unit.

A Special Course in Clinical Radiology is held twice yearly for Post-Graduates, who are preparing for the Cambridge Diploma in Radiology and Electrology.

Clinical Demonstrations are given by the Director of the Department on Mondays, Wednesdays and Fridays, at 2 p.m.

NEUROLOGICAL DEPARTMENT.

Neurological cases are demonstrated in the Out-Patient Department by Dr. Birley every Tuesday at 10 a.m. and Wednesdays at 2 p.m.

ELECTRO-CARDIOGRAPHIC DEPARTMENT.

DR. M. A. CASSIDY.

An Electro-Cardiographic Apparatus has been installed in a convenient laboratory in the Main Corridor. The Department is under the charge of Dr. Cassidy. Patients are seen and instructions given on Wednesdays, at 10 a.m., and Thursdays, at 2 p.m.

Clinical Assistantships in this Department are available to Students after qualification.

VENEREAL DEPARTMENT.

COL. L. W. HARRISON, D.S.O.

In close association with the scheme of the Ministry of Health and of the London County Council, the Venereal Department, under the direction of Col. L. W. Harrison, D.S.O., is open daily for the diagnosis and treatment of all cases of venereal disease. The daily demonstrations are open to medical men in general practice as well as to the Students of the hospital.

The Department comprises two wards for the treatment of in-patients, and a large and well-equipped out-patient clinic, provided with the necessary laboratories for diagnosis and investigation.

The Department is open daily (except Sunday) from 8 a.m. till 10 p.m.

Colonel Harrison gives a Special Clinical Demonstration for Students on Thursdays, at 11.30. This is specially intended for Surgical Dressers. A Clinical Demonstration for qualified men and Senior Students is given on Fridays, at 5.30 p.m. A short course of Systematic Lectures is delivered by the Director during the Summer Session, and occasional Lectures are given from time to time in connection with the Systematic Lectures on Medicine and Surgery.

ANÆSTHETICS.

THE ANÆSTHETISTS TO THE HOSPITAL.

A short Course of Lectures on Anæsthetics and their administration is delivered by the Senior Anæsthetist and Lecturer on Anæsthetics, Dr. Z. Mennell, during the Winter Session and again in the Summer Session.

The practical administration of Anæsthetics is taught by the Anæsthetists daily throughout the year.

CLINICAL CLERKS TO THE ANÆSTHETISTS are appointed to hold office for three months. They must have attended the preliminary lecture on Anæsthetics and Anæsthetic Apparatus by Dr. Z. Mennell. Students are recommended to take this course of instruction during the period of their Surgical dressing.

VACCINATION.

DR. A. E. COPE.

Vaccination is taught practically at the Hospital on Tuesdays at 10.30 a.m. by Dr. A. E. Cope, who is authorised by the Local Government Board to give certificates of proficiency.

Three courses of instruction are given yearly, viz., in January, May and October.

DISEASES OF THE TEETH.

MR. R. MCKAY.

The Dental Surgeon gives instruction in Dental Surgery on Mondays and Thursdays at 9 a.m.

MENTAL DISEASES.

DR. W. H. B. STODDART.

A three months' course of lectures on Mental Disease and Lunacy Law is given on Thursdays at 12 noon during the Summer Session. The Syllabus includes:—Elementary Psychology, normal and morbid. The Anxiety Neurosis. Neurasthenia. Hysteria. The Obsessional Neuroses. Maniacal Depressive Insanity. Paranoia. Dementia Praecox. Paraphrenia. Confusional Insanity. Organic Insanities. General Paralysis. Senile Dementias. Mental Deficiency (Idiocy and Imbecility). The Legal Relations of Insanity.

Clinical Instruction is given by visits to Bethlem Royal Hospital, or other asylums, on Saturdays at 10.30 a.m. during the Summer Session, and also by Dr. W. H. B. Stoddart in the Out-Patient Department at St. Thomas's Hospital, on Tuesdays at 10 a.m. throughout the year.

TUBERCULOSIS DEPARTMENT.

DR. G. T. HEBERT.

A Tuberculosis Dispensary has been installed by the Governors of the Hospital for the systematic treatment of tuberculosis, and for instruction of students in the diagnosis and treatment of that infection. The department is in charge of a special officer. Attached to the Dispensary is a Ward containing 10 beds which are utilised where diagnostic methods or special lines of treatment call for closer supervision than the Dispensary affords. The resources of the X-ray Department and of the Clinical Laboratory are freely used. The Dispensary is approved by the Local Government Board as part of the Borough of Lambeth Scheme for dealing with tuberculosis in the inner wards of the district. Students are appointed as Clinical Clerks in the Tuberculosis Department after they have completed their ordinary clerking and dressing in the hospital, and as Clinical Assistants after qualification.

The Department is open and patients are seen at the following times Mondays, Women 10 a.m.; Tuesdays, Men 10 a.m., Women 4.30 p.m.; Wednesdays, Women 10 a.m., Men 8 p.m.; Thursdays, Men 10 a.m.; Fridays, Men 10 a.m. and 3 p.m. Surgical. A special Ward visit is made every Thursday at 10 a.m.

On all of these occasions Clinical Instruction is given by the Director of the Department.

FORENSIC MEDICINE AND TOXICOLOGY.

DR. EDWIN SMITH.

A three months' course of lectures is given on Wednesdays and Thursdays at 4.30 p.m. during the Summer Session by Dr. Edwin Smith.

The lectures cover the synopsis of the various Examining Boards, and are supplemented in the Toxicological Section by practical demonstrations by Prof. R. H. A. Plimmer on Wednesdays at 12 o'clock.

PUBLIC HEALTH.

DR. T. CARNWATH, D.S.O.

A course of lectures is given on Mondays at 4.15 p.m. during the Summer Session, dealing with:—

Water, Air, Soil, Food, the Dwelling in relation to Health and Disease—Infectious and Epidemic Diseases, the principles of preventive measures—Quarantine, Port Sanitary Administration, Isolation Hospitals, temporary or permanent—Provisions of the Act for Notification of Diseases—The principles of Disinfection and the mode of action of the chief disinfecting agents—Vaccination—Statistics in relation to public health—Statutes relating to public health—The powers and duties of Sanitary Authorities and their Officers—Water Supply, Drainage, Sewerage, the disposal of sewage and excreta by methods adapted to either town or country districts—Trades regulated under the Factory and Public Health Acts.

The lectures may be supplemented by Public Health demonstrations, relating to water supply, systems of sewage disposal and purification, establishment and organisation of Isolation Hospitals, house drainage, schools, workhouses and other institutions, Dairy Sanitation, etc. Contagious Diseases (Tuberculosis) Animals' Act.

St. Thomas's Hospital Medical School is one of the institutions recognised by the Universities of Oxford, Cambridge, and London, and the Royal Colleges of Physicians and Surgeons for Laboratory instruction in Public Health.

DAYS AND HOURS OF LECTURES AND DEMONSTRATIONS.

FIRST YEAR.

WINTER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
BIOLOGY. Mr. Rushton and Mr. Billinghurst	Lectures	—	9½ 10½	—	9½–10½	9½ 10½	—
	Practical Work	3–5	10½–1, 3–5	—	10½–1	10½–12	—
	Revision	—	—	11 12	—	—	—
CHEMISTRY. Prof. Plimmer Dr. Rosedale and Mr. Lowndes	Lectures	10–11	—	12 1	2—3	—	—
	Practical Work	11–1	—	—	3—5	—	10–1 Oct-Dec.
	Revision	At times to be arranged.					
PHYSICS. Mr. Brinkworth	Lectures	2–3	2 3	—	—	12—1	—
	Practical Work	3–5	10½–1, 3–5	—	—	10—12	—
	Revision	—	—	10–11 Oct-Dec.	—	—	10½–11½

SUMMER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
BIOLOGY. Mr. Rushton and Mr. Billinghurst	Lectures	—	9½–10½	9½–10½	9½–10½	—	—
	Practical Work	3 5	10½–1, 3–5	10½—1	10½—1	—	—
	Revision	—	—	—	—	11—12	—
CHEMISTRY. Prof. Plimmer Dr. Rosedale and Mr. Lowndes	Lectures	10–11	—	—	2–3	—	—
	Practical Work	11–1	—	—	3—5	10—11	—
	Revision	At times to be arranged.					—
PHYSICS. Mr. Brinkworth	Lectures	2—3	2—3	—	—	12—1	—
	Practical Work	3—5	10½–1, 3–5	—	—	10—12	—
	Revision	—	—	10½ 11½	—	—	—

SECOND YEAR.

WINTER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
ANATOMY. Prof. Parsons Mr. W.E. Le Gros Clark and Demonstrators	Lectures	9½ 10½	9½–10½	9½ 10½	9½–10½	9½ 10½	—
	Dissections	9 5	9 5	9—5	9 5	9—5	9—1
PHYSIOLOGY. Prof. Mellanby, Mr. Huggett and Demonstrator	Lectures	10.45–11.45		10.45–11.45	—	10.45–11.45	—
	Practical Work	—	—	11.45 1	—	11.45 1	—
ORG. & APP. CHEM. Prof. Plimmer Dr. Rosedale and Mr. Lowndes	Lectures	—	2—3	—	—	—	—
	Practical Work	—	3 5	—	12 1*	3—5	—
		—	2—4*	—	—	2 4*	—

*For Conjoint Students and 2nd M.B. Lond., Pt. 1 July, from Jan.—March.
†Biology for Conjoint Students to be arranged.

SUMMER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
ANATOMY. Prof. Parsons, Mr. W.E. Le Gros Clark and Demonstrators	Dissections	9—5	9—5	9—5	9—5	9—5	9—1
	Revision	2—3	2—3	2—3	2—3	2—3	—
PHYSIOLOGY. Prof. Mellanby, and Mr. Huggett	Lectures	—	10—11	10—11	10—11	—	—
	Practical Work	—	11—1	11—1	11—1	—	—
	Revision	3—4	—	3—4	—	3—4	—
MATERIA MEDICA and PRACTICAL PHARMACY Mr. Jennings.	Lectures	10—11	—	—	—	10—11	—
	Practical Work	11—12	—	—	—	11—12	—

THIRD YEAR.

WINTER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
ANATOMY. Prof. Parsons, Mr. W.E. Le Gros Clark and Demonstrators.	Lectures	9½–10½	9½–10½	9½–10½	9½–10½	9½–10½	—
	Dissections	9—5	9—5	9—5	9—5	9—5	9—1
	Revision	2—3	2—3	2—3	2—3	2—3	—
	Special Classes in Embryology and Surface Healing, as announced.						
PHYSIOLOGY. Prof. Mellanby, Mr. Huggett and Demonstrators	Lectures	10.45 / 11.45	—	10.45 / 11.45	—	10.45 / 11.45	—
	Practical Work	—	10.45 1	—	10.45 1	—	—
	Revision	3—4	—	3—4	—	3—4	—
PHARMACOLOGY. Dr. Woolley.	Lectures (Oct.—Dec.)	12—1	—	—	—	12—1	—
	Demonstrations (Jan.—Mar.)	—	—	2—3	—	—	—
MAT. MED.— Mr. Jennings.	Revision (Jan.—Mar.)	—	—	4—5	—	—	—

For M.B. Lond. Students.

SUMMER SESSION.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
ANATOMY. Prof. Parsons, Mr. W.E. Le Gros Clark and Demonstrators	Dissections	9—5	9—5	9—5	9—5	9—5	9—1
	Revision	2—3	2—3	2—3	2—3	2—3	—
	Special Classes as above	—	—	—	—	—	—
PHYSIOLOGY. Prof. Mellanby, Mr. Huggett and Demonstrators	Lectures	—	10—11	10—11	10—11	—	—
	Practical Work	—	11—1	11—1	11—1	—	—
	Revision	3—4	—	3—4	—	3—4	—
PHARMACOLOGY. Dr. Woolley.	Lectures	12—1	—	—	—	12—1	—
	Demonstration	—	—	2—3	—	—	—

FOURTH AND FIFTH YEARS.

Winter Session.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Medicine and Surgery.—Lectures	9	9	—	9	—	9
The Physicians and Surgeons.—Clinical Lectures	—	—	2	—	—	—
Midwifery and Dis. of Women.—The Obstetric Physicians ... ... (Lectures. (Jan.—Mar.)	—	—	9	—	9	—
General Pathology and Bacteriology. { Lecture.—Prof. Shattock	—	—	—	12.30	12	—
Lecture.—Prof. Dudgeon	—	—	—	—	4.15	—
Special Pathology.—Prof. Dudgeon ... { Lecture-Demonstration	—	—	—	—	—	11.30
Chemical Pathology.—Dr. De Wesselow { (Oct.—Dec.)	—	5	—	—	—	—
Pathological Demonstrations.—In the Post-Mortem Room	2	2	2	2	2	10
Applied Anatomy.—Dr. Box. (Oct.—Dec.)	—	—	4.30	—	—	—
Surgical Anatomy.—Mr. Maybury	—	12	—	—	—	—
Ophthalmology.—Mr. Fisher ... { Lectures. (Oct.—Dec.)	—	—	9	—	—	—
Venereal Disease.—Col. Harrison... { Lecture	—	—	—	—	—	—
Clinical Demonstration	—	—	—	11.30	—	—

FOURTH AND FIFTH YEARS.

Summer Session.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Medicine and Surgery.—The Physicians and Surgeons { Clinical Lecture.	—	—	2	—	—	—
Midwifery and Dis. of Women.—The Obstetric Physicians ... ... { Lectures.	—	—	9	—	9	—
Special Pathology and Bacteriology.—Prof. Dudgeon	—	—	—	—	12	—
Practical Surgery. { Mr. Page. Treatment of Fractures.	—	—	—	—	—	—
Forensic Medicine.—Dr. Edwin Smith...	—	—	4.30	4.30	—	—
Toxicology.—Prof. Plimmer	—	—	12	—	—	—
Public Health.—Dr. Carnwath	4.15	—	—	—	—	—
Applied Anatomy.—Mr. Maybury	—	12	—	—	—	—
Mental Disease.—Lecture	—	—	—	12	—	—
Dr. W. H. B. Stoddart's Asylum Visit...	—	—	—	—	—	10.30
Venereal Disease.—Col. Harrison ... { Clinical Demonstrations	—	—	—	11.30	—	—
Lecture	—	—	—	—	5.30	—
Dermatology.—Dr. Dore. Lecture. To be arranged.	—	—	—	—	—	—

MEDICAL AND SURGICAL OFFICERS.

DAYS AND TIMES OF ATTENDANCES.

NAME.	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
Dr. Box	2 p.m., Wards	—	—	2 p.m., Wards	—	—
Dr Russell	2 p.m., Wards	—	—	2 p.m., Wards	—	—
Dr. Buzzard	—	2 p.m., Wards	—	—	2 p.m., Wards	—
Prof. MacLean ...	2 p.m., Lab.	10 a.m., Wards	10 a.m., Wards	2 p.m., Lab.	10 a.m. & 2 p.m., Wards	—
Sir Cuthbert Wallace	10 a.m., Wards	2 p.m., Wards and Operations	10 a.m. and 2 p.m., Operations	2 p.m., O.P.D.	10 a.m., Wards	10 a.m., Operations
Mr. Sargent... ..	2 p.m., Wards	—	2 p.m., ,,	2 p.m., Wards and Operations	—	—
Mr. Nitch	2 p.m., Wards	2 p.m., Operations	2 p.m., ,,	2 p.m., Wards and Cystoscopies	—	—
Mr. Adams	2 p.m., Old Cases at Casualty	2 p.m., Wards	2 p.m., ,,	2 p.m., Operations	2 p.m., Wards	—
Dr. Cassidy	1.30 p.m., O.P.D.	—	10 a.m., Cardiograph Dept.	2 p.m., Cardiograph Dept.	—	—
Dr. Birley	—	10 a.m., Neurological, O.P.D.	1.30 p.m., Neurological, O.P.D.	1.30 p.m., O.P.D.	2 p.m., P.M. Room	—
Dr. Tidy	—	1.30 p.m., O.P.D.	2 p.m., P.M. Room	—	1.30 p.m., O.P.D.	—
Mr. Page	1.30 p.m., O.P.D.	2 p.m., Operations	10 a.m., Casualty	—	2 p.m., Block S	—
Mr. Romanis ..	10 a.m., Casualty	—	1.30 p.m., O.P.D.	—	10 a.m., Casualty 2 p.m., Operations	—
Mr. Maybury ..	2 p.m., Operations 10 a.m., Wards	—	—	10 a.m., Casualty 2 p.m., O.P.D.	10 a.m., Wards	—
Mr. Mitchiner ...	5.30 p.m., Operations	10 a.m., Casualty	—	—	9.30 a.m., Operations 1.30 p.m., O.P.D.	10 a.m., Casualty
Dr. Jones ... .. (Medical Unit)	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 1 p.m.
Dr. Dyke ,, ,,	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 1 p.m.

DAYS AND TIMES OF ATTENDANCES—*continued.*

NAME.	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY
Dr. Fairbairn ... (Mid. & Gyn. Dept.)	—	2 p.m., Wards	10 a.m. (Mary)	2 p.m., Operations	2 p.m., Wards	—
Dr. J. P. Hedley ... (Mid. & Gyn. Dept.)	—	—	9.30 a.m., Operations 2 p.m., O.P.D.	2 p.m., Wards	2 p.m., O.P.D.	9.30 a.m., Operations
Mr. Wyatt ... .. (Mid. & Gyn. Dept.)	1.30 p.m., Wards 2.30 p.m., O.P.D.	9.30 p.m., O.P.D.	—	—	9.30 a.m., O.P.D.	—
Dr. Jewesbury ... (Dis. of Children)	10 a.m., O.P.D.	10 a.m., O.P.D.	1.30 p.m., Wards	10 a.m., O.P.D.	10 a.m., O.P.D.	10 a.m., O.P.D.
Dr. Dore ... ... (Dermatolog. Dept.)	—	2 p.m., O.P.D.	10 a.m., O.P.D. (Children)	—	2 p.m., O.P.D.	—
Dr. Stoddart ... (Mental Diseases)	—	10 p.m., O.P.D.	—	—	—	—
Mr. McKay ... ... (Dental Dept.)	9 a.m., O.P.D.	—	—	9 a.m., O.P.D.	—	—
Mr. Fisher ... ... (Ophthalmic Dept.)	2 p.m., Eye Dep.	—	Operations, 9 a.m. Oct. to Dec., 10 a.m.	2 p.m., Eye Dept.	—	—
Mr. Hudson ..	—	2 p.m., Eye Dept.	2 p.m., Eye Dept.	—	2 p.m., Eye Dept.	—
Mr. Howarth ... (Throat & Nose Dis.)	2 p.m., Operations	—	1.30 p.m., O.P.D.	—	—	—
Mr. Marriage ... (Ear Diseases)	1.30 p.m., O.P.D.	2 p.m., Operations	—	1.30 p.m., O.P.D.	2 p.m., Operations	—
Mr. Bristow ... ... (Orthopædic Dept.)	2 p.m., Operations	2 p.m., O.P.D. (New Cases)	—	9.30 a.m., O.P.D. (Old Cases)	10 a.m., Wards	—
Col. Harrison ... (Venereal Dept.)	—	—	—	11.30 a.m.	5.30 p.m.	
Mr. T. Anwyl Davies (Venereal Dept.)	10 a.m. to 10 p.m.	—	10 a.m. to 1 p.m. 5 p.m. to 10 p.m.	10 a.m. to 1 p.m.	10 a.m. to 6 p.m.	M.O. on duty 10 a.m. to 10 p.m.
Mr. W. de M. Peyton (Venereal Dept.)	—	10 a.m. to 10 p.m.	10 a.m. to 1 p.m. 5 p.m. to 8 p.m.	10 a.m. to 1 p.m. 5 p.m. to 8 p.m.	10 a.m. to 1 p.m. & 5 p.m. to 8 p.m.	

DAYS AND TIMES OF ATTENDANCES—*continued.*

NAME.	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
Dr. Hebert ... ... (Tuberculosis Dept.)	10 a.m., O.P.D. (W)	10 a.m., O.P.D. (M) 4.30 p.m., O.P.D. (W)	10 a.m., O.P.D. (W) 8 p.m., O.P.D. (M)	10 a.m., Wards (M) and O.P.D. 3 p.m., O.P. Surg. (M)	10 a.m., O.P.D. (W) 3 p.m., O.P. Surg.	—
Sir Archibald Reid (X-Ray Dept.)	2 p.m.	—	2 p.m.	—	2 p.m.	—
Dr. Gouldesbrough	2 p.m.	2 p.m.	2 p.m.	2 p.m.	—	—
,, ,,						
Dr. Fildes ,, ,,	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 5 p.m.	10 a.m. to 1 p.m.	10 a.m. to 1 p.m.	10 a.m. to 1 p.m.
Prof. Dudgeon .. (Pathology & Bacterio.)	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.
Dr. Urquhart ,, ,,	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.
Dr. Taylor ,, ,,	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.
Dr. Bamforth ,, ,,	10 a.m.	10 a.m.	10 a.m.	10 a m.	10 a.m.	10 a.m.
Dr. de Wesselow .. (Chem. Path.)	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.	10 a.m.
Dr. Z. Mennell ... (Anæsthetics)	—	2 p.m.	2 p.m.	2 p.m.	—	—
Dr. E. W. Hedley ..	—	2 p.m.	2 p.m.	3 p.m.	—	—
,,						
Dr. Dunkley ,,	2 p.m.	—	2 p.m.	2 p.m.	2 p.m.	—
Dr. Wilson ,,	—	2 p.m.	2 p.m.	9 a.m., Dental 2 p.m.		—
Dr. Shelley ,,	9 a.m., Dental 2 p.m.	2 p.m.	—	2 p.m.	2 p.m.	—
Dr. J. B. Mennell .. (Surgical Massage)	10.30 a.m.	2.30 p.m.	10.30 a.m.		10.30 a.m.	10.30 a.m.
Mr. Timberg .. (Swedish Exer. Dept.)	2 p.m.	—	2 p.m.	—	2 p.m.	—
Mr. Murray Levick (Electro-Therap. Dpt.)	—	2 p.m.	—	—	2 p.m.	—
Dr. Cope (Vaccination)	—	10.30 a.m.	—	—	—	—

SCHOLARSHIPS, MEDALS, AND OTHER PRIZES.

The following Scholarships, Medals, and Prizes are open to Students of the Hospital.

ENTRANCE SCHOLARSHIPS.

Two Open Scholarships in Arts, equivalent to twelve months' Tuition Fees for the First Medical Examination.

Two Open Scholarships in Natural Science of the value of £150 and £60 respectively.

The University Scholarship of £100 in Anatomy, Physiology and Chemistry (any two).

These Scholarships must be taken out in Tuition Fees.

(See also page 38).

At the end of the Second Summer :—

The William Tite Scholarship of £25.

At the end of the Third Winter :—

The Musgrove Scholarship or the Peacock Scholarship (alternately) of £35.

At the end of the Fourth Winter :—

Second Tenure of the Musgrove or the Peacock Scholarship.

At the Examination of the Fifth Winter :—

The Hadden Prize for Pathology.

At the end of the Sixth Winter :—

The Mead Medal in Medicine, Pathology and Hygiene.

The Wainwright Prize in Medicine, Pathology and Hygiene

The Toller Prize in Medicine, Pathology and Hygiene.

The Cheselden Medal in Surgery and Surgical Anatomy.

Prizes which must be competed for before the end of the Seventh Year :—

The Bristowe Medal for Pathology.

The Beaney Scholarship of £50 in Surgery and Surgical Pathology (biennial prize).

The Solly Medal and Prize for Reports of Surgical Cases (biennial prize).

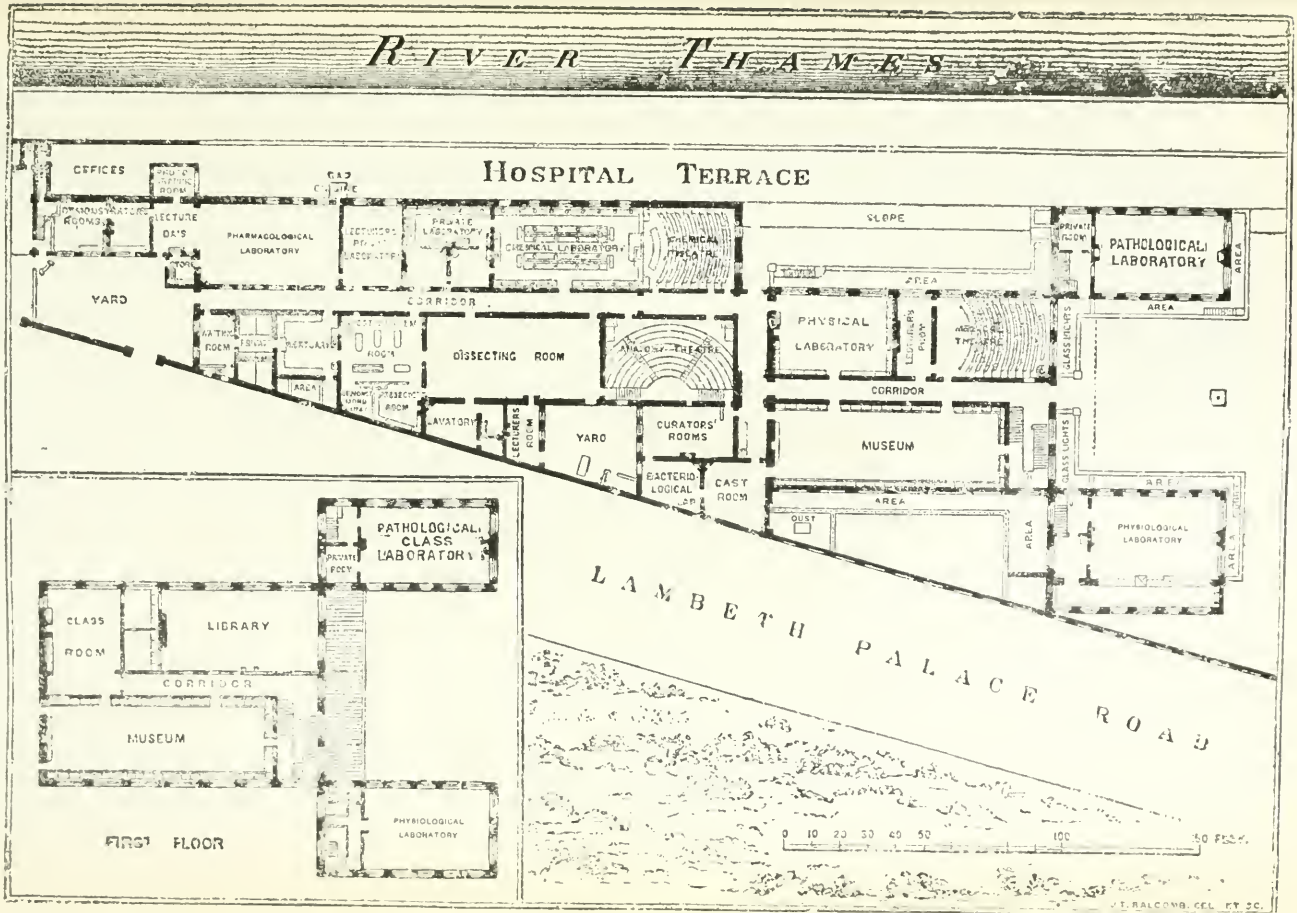
The Sutton Sams Prize for Reports of Cases in Obstetric Medicine (biennial prize).

The Clutton Memorial Medal for Clinical Surgery (awarded biennially and alternately with the Beaney Scholarship).

A Prize of Thirty Guineas known as the Granger Testimonial Prize is awarded annually for work in Anatomy or Physiology.

Research Scholarships for Qualified Students :—

The Louis Jenner Research Scholarship of £60 in Pathology (tenable for two years).


RIVER THAMES
HOSPITAL TERRACE
OFFICES
PHARMACOLOGICAL LABORATORY
LECTURE DA'S
YARD
CORRIDOR
DISSECTING ROOM
ANATOMY THEATRE
LAVATORY
LECTURERS ROOM
YARD
CURATORS' ROOMS
ENTOMOLOGICAL SP.
CAST ROOM
MUSEUM
PHYSICAL LABORATORY
SLOPE
AREA
PATHOLOGICAL LABORATORY
GLASS LIGHTS
PHYSIOLOGICAL LABORATORY
LAMBETH PALACE ROAD
PATHOLOGICAL CLASS LABORATORY
CLASS ROOM
LIBRARY
CORRIDOR
MUSEUM
PHYSIOLOGICAL LABORATORY
FIRST FLOOR
0 10 20 30 40 50 100 150 FEET.

DETAILS OF THE SCHOLARSHIPS, MEDALS AND PRIZES.

ENTRANCE SCHOLARSHIPS.

OPEN SCHOLARSHIPS IN ARTS.

Two Scholarships, each equivalent to the Tuition Fee for the First Year of Study, are offered for competition each year in the latter part of July.

These Scholarships are open to any Student who has passed a recognised Preliminary Examination and who is under 20 years of age. Successful competitors must enter at once as Students of the Hospital. The subjects are English, Arithmetic, Algebra and Geometry, together with any three of of the following: French, German, Latin, Greek, Chemistry, and Physics. The Examination is conducted by papers.

The standard is that of the Matriculation Examination of the University of London.

Candidates are required to send in their names and evidence of their eligibility (*i.e.*, Birth Certificate and Certificate of Preliminary Examination), to the Medical Secretary, not later than July 1st.

OPEN SCHOLARSHIPS IN NATURAL SCIENCE.

Two Scholarships, of the value of £150 and £60 respectively, are offered for competition annually, after an examination in Physics, Chemistry, and Biology.

These Scholarships are open to all Students not exceeding 24 years of age who have passed a recognised Preliminary Examination in Arts, and have not received instruction in Anatomy or Physiology, without any condition as to their becoming Students of the Hospital, except in the case of successful Candidates, who must enter at once for the remainder of the curriculum and take out the Scholarship in Tuition Fees. The Examination will be conducted by means of written papers and practical work. The standard will be that of the First Examination for Medical Degrees of the University of London. Competitors are required to send in their names and Certificate of Birth and of Preliminary Examination to the Medical Secretary not later than July 1st: the Examination is held in the latter part of that month.

UNIVERSITY SCHOLARSHIP.

A Scholarship of the value of £100 will be offered for competition in *any two* of the following subjects: Anatomy; Physiology; Chemistry in its relations to Medicine and Physiology. It is open to Students who have completed their examinations in Anatomy and Physiology, for a Medical Degree in any of the Universities of the United Kingdom or the Colonies, and who have not joined any London Medical School before the commencement of the Summer term of the year in which the Examination is held. Candidates may specialise in one of the two subjects taken, or treat each subject as of equal value. In the former case two-thirds of the total marks obtainable in the examination will be allotted to the subject of choice. But, to be eligible for the Scholarship, a competitor must gain at least one-third of the marks allotted to the subsidiary subject. The successful Competitor must take out the Scholarship in Tuition Fees at St. Thomas's Hospital.

Candidate are required to send in their names and subjects proposed not later than July 31st.

The Examination is held in the latter part of September.

The WILLIAM TITE Scholarship, founded by the late Sir W. TITE, C.B., M.P., F.R.S., of the value of about £25 is awarded each year to the Student placed highest in the 1st Class List in the examinations at the end of the second Summer Session. Preference, in case of equality between Students, is to be given to the son of a medical man, and more particularly of one who has been educated at St. Thomas's Hospital or is in Practice in Bath.

The MUSGROVE Scholarship, founded by Sir JOHN MUSGROVE, Bart., the late President of the Hospital, of the value of about £35 is awarded biennially to the Student who shall take the highest place in the 1st Class List in the examinations at the end of the third Winter Session. It is tenable for two years, provided the holder has worked during his fourth year to the satisfaction of the School Council.

The PEACOCK Scholarship, founded by the will of the late Dr. THOMAS BEVILL PEACOCK, for many years Physician, and at the time of his death Consulting Physician to St. Thomas's Hospital, is of the same value as the Musgrove Scholarship; is awarded and held upon the same terms; and is given every other year in alternation with that Scholarship.

The HADDEN PRIZE (in memory of the late W. B. HADDEN, Assistant Physician, 1885—1893), is awarded at the Examination at the end of the fifth Winter as the prize for Pathology.

The MEAD MEDAL, founded by Mr. and Mrs. NEWMAN SMITH (in honour of Richard Mead, Physician 1703—1714) is awarded annually to a Sixth Year's Student,* in respect of a Special Practical Examination in Medicine, Pathology and Hygiene. The marks are allotted as follows: Medical Commentaries, 240; Viva Voce on Medical Cases, 100; Paper on Pathology, including one question on Public Health, 100; Viva Voce on Pathology, Histology and Morbid Anatomy, 100; Ophthalmic Cases, 20; Throat Cases, 20; Skin Cases, 20. Total 600.

The WAINWRIGHT PRIZE, £10, founded by Sir J. G. WAINWRIGHT, formerly Treasurer of the Hospital, is awarded annually to a Student from Oxford or Cambridge University who has completed two Summer Sessions and two but not more than three Winter Sessions of Clinical work at St. Thomas's Hospital, and who is ineligible to compete for the Mead Medal. The Examination is the same as that for the Mead Medal.

The SEYMOUR GRAVES TOLLER PRIZE, founded by Dr. E. TOLLER (in memory of his son, S. G. Toller, elected Assistant Physician, 1897), is awarded annually to the most distinguished competitor at the Examination for the Mead Medal and Wainwright Prize.

The CHESELDEN MEDAL, founded by the late GEORGE VAUGHAN, Esq. (in honour of William Cheselden, elected Assistant Surgeon, 1719), is annually awarded to the Sixth Year's Student* who most distinguishes himself in respect of a Special Practical Examination in Surgery and Surgical Anatomy. The marks are allotted as follows: Surgical Commentaries, 100; Surgical Cases, 100; Dissections, 100; Surgical Operations, 100; Viva Voce in Surgical Appliances and Morbid Specimens, 100; Viva Voce on Anatomy, 100. Total 600.

The BRISTOWE MEDAL (in memory of the late Dr. J. S. BRISTOWE, F.R.S., Assistant Physician and Physician 1854—1892), is awarded annually in respect of a special Practical Examination in Pathology and Morbid Anatomy. The examination is held in the first half of the Winter session. Students are eligible who have completed the Fifth but not the Seventh year of Medical Study. At least three years of this time must have been passed at St. Thomas's Hospital.

The CLUTTON MEMORIAL MEDAL (founded in Memory of the late Mr. H. H. CLUTTON, Assistant Surgeon and Surgeon to the Hospital, 1879-1909), is awarded biennially and alternately with the Beaney Scholarship, in respect of a Special Examination in Clinical Surgery. It is open to Students, whether qualified or not, within three years of holding their first hospital appointment as Clerk or Dresser.

The BEANEY SCHOLARSHIP, founded by the will of the late Dr. BEANEY, of the value of £50, is awarded biennially, after an examination in Surgery and Surgical Pathology, to a student who shall have completed his fifth but not his seventh year. The examination is held during the Summer Session.

* A Sixth Year's Student is a Student of the Hospital who has just completed 3 winters Clinical work, irrespective of the institution at which the Clinical Appointments were commenced.

The SOLLY MEDAL (in memory of the late Samuel Solly, elected Assistant Surgeon, 1841), together with a Prize in Money, is awarded biennially. Those Students are eligible to compete who are of from four to seven years' standing. The award is made for the best series of Reports of Surgical cases coming under the Student's personal observation in the Wards, not, however, to exceed ten in number. Reports must be sent in not later than March 31st.

The SUTTON SAMS MEMORIAL PRIZE, is awarded biennially for the best series of Reports of Cases in Obstetric Medicine, including Midwifery and the Diseases of Women. Reports must be sent in not later than June 30th.

The GRAINGER TESTIMONIAL PRIZE.—The holder of this prize has to prepare, under the direction of the Lecturers on Anatomy and Physiology, a series of specimens illustrative of recent Anatomical or Physiological research, and at the end of a year receives, if his work has proved satisfactory, an honorarium of thirty guineas. The appointment is annual and is in the hands of the School Council.

The LOUIS JENNER RESEARCH SCHOLARSHIP was founded by the DOWAGER LADY JENNER in memory of her son, Dr. Louis Leopold Jenner. It is of the annual value of £60 and is instituted for the encouragement of original research into the cause, nature and process of disease. The Scholarship is tenable for one year with the possibility of extension of tenure for a second year subject to approval of the Medical and Surgical Officers and Lecturers. The Scholar must be qualified and a Student of the Hospital. The tenure of the Scholarship dates from May 1st of each year and the investigation must be carried on in or in connection with the Louis Jenner Laboratory of Clinical Pathology.

The JOHN AND TEMPLE RESEARCH FELLOWSHIP.

APPOINTMENTS.

A RESIDENT ASSISTANT PHYSICIAN and a RESIDENT ASSISTANT SURGEON, at a salary of £225 per annum each, are from time to time appointed. The appointments are annual, but the tenure of office may be renewed for a term not exceeding one year.

TWO HOSPITAL REGISTRARS (Medical and Surgical), at an annual Salary of £200 and £50 on completion of their Annual Report, are appointed in each year. They are eligible for annual re-appointment, but may not hold office for more than two years. Preference will be given to Students of the Hospital who have specially distinguished themselves and have completed their studies in the School.

AN OBSTETRIC TUTOR AND REGISTRAR is appointed each year, at an annual salary of £50. He is eligible for annual re-appointment, but may not hold office for more than three years consecutively. The holder of the office takes part in the tutorial instruction of students, under the direction of the Obstetric Physicians.

AN OPHTHALMIC REGISTRAR who acts as a Senior Assistant in the Department and is paid at the same rate as the Obstetric Registrar.

AN ORTHOPÆDIC REGISTRAR (unpaid) is appointed each year. He is eligible for annual re-appointment.

ONE SENIOR RESIDENT ANÆSTHETIST at a salary of £200.

TWO SENIOR RESIDENT CASUALTY OFFICERS at a Salary of £100.

TWO ASSISTANT BACTERIOLOGISTS at a salary of £450.

House Appointments, open to Students who have obtained their diplomas.

Four RESIDENT HOUSE PHYSICIANS, Four RESIDENT HOUSE SURGEONS and Eight RESIDENT CASUALTY OFFICERS and ANÆSTHETISTS are selected every six months. All these Officers are provided with Rooms and Commons by the Hospital, free of expense, and hold office for six months, if recommended for re-election.

A SENIOR and a JUNIOR OBSTETRIC HOUSE PHYSICIAN are selected every three months, and a HOUSE PHYSICIAN to the Department of Children's Diseases every six months. All are provided with Rooms and Commons in the Hospital, free of expense.

A SENIOR and a JUNIOR OPHTHALMIC HOUSE SURGEON, and a SENIOR and JUNIOR HOUSE SURGEON to the Ear, Nose and Throat Departments are appointed every three months; the Senior is provided with Rooms and Commons in the Hospital, free of expense.

An ORTHOPÆDIC HOUSE SURGEON is appointed every six months. He is provided with Rooms and Commons in the Hospital free of expense.

CLINICAL ASSISTANTS in the Departments for Medical Diseases of Children, for Diseases of the Throat, Skin, Ear, and in the Mental, Orthopædic, Neurological, Venereal, Electrical, X Ray, Electro-Cardiographic and Physical Exercise Departments, are appointed every three months.

Appointments for Students before Qualification.

CLINICAL CLERKS and DRESSERS to In-patients are selected to the number of at least 100 each year, from amongst the most eligible pupils. The DRESSER on Accident Duty is provided with a Room and Commons in the Hospital. CLINICAL CLERKS and DRESSERS for the Out-patients are also appointed, to the number of at least 80 to 100 each year: applicants for Clerkships or Dresserships are required to have passed the Second M.B. Examination in Anatomy and Physiology, or an equivalent Examination.

CLINICAL CLERKS and DRESSERS must attend a course of instruction in Elementary Clinical Medicine.

(The Duties commence on the second Tuesday in January, April, July and October.)

CLINICAL CLERKS TO THE ANÆSTHETISTS are also appointed to hold office for three months.

DRESSERS must attend the Lectures on Practical Surgery and also (during their first three months) the Special Classes held by the Surgical Registrar, and the Lectures on Anæsthetics, with instruction in their administration.

CLINICAL CLERKS and DRESSERS to the various SPECIAL DEPARTMENTS are elected from amongst those Students who have finished their terms as Clerks and Dressers in the Wards and Out-patient Departments.

GYNÆCOLOGICAL and OBSTETRIC CLERKS are appointed, in rotation, from a list of Students who have entered their names for the purpose. They must have attended Lectures on Midwifery and a course of Elementary Practical Obstetrics, have passed the "Second M.B.," or an equivalent Examination, and have held the offices of Clinical Clerk and Dresser. Each Clerk holds office for three months, and Special Certificates are awarded to those Gentlemen who have satisfactorily attended Sixty Maternity cases.

Students are appointed to act as ASSISTANTS in the CLINICAL LABORATORY, the PATHOLOGICAL LABORATORY and the POST-MORTEM ROOM.

ASSISTANTS IN THE CHEMICAL DEPARTMENT are selected from those who have passed the FIRST EXAMINATION FOR MEDICAL DEGREES, UNIV. LOND., or who are similarly qualified.

ASSISTANTS IN THE PHYSIOLOGICAL LABORATORY are selected from Students who have completed their Second Winter Session.

ANATOMICAL REGISTRARS and PROSECTORS are appointed in the early part of the Winter Session, also ASSISTANTS TO THE LECTURER ON ELEMENTARY BIOLOGY.

REGULATIONS FOR THE EXAMINATION AND CLASSIFICATION OF THE STUDENTS AT THE MEDICAL SCHOOL.

1. In accordance with the Regulations of the Qualifying Bodies, Students must attend the Class Examinations in the subjects for which they have to be certified, and show by their answers to the questions that they have paid proper attention to the Lectures, otherwise the signature to their Schedules may be withheld.

2. There shall be held at least two Examinations in the 2nd and 3rd Winter and one in the 2nd Summer Session in each subject on which attendance is required during that Session, and the marks obtained in these Examinations shall be the basis for the Classification of Students and the Award of Prizes for each Session respectively. Provided that any extra Examination in the course of the Session, in any subject, be not allowed to interfere with the ordinary Lectures in other subjects.

3. The number of marks allotted to each subject in the following Schedule is not to be exceeded in case the number of Examinations held during the Session be more than two, but must be distributed amongst the several Examinations.

4. Students must obtain at least one-third of the total number of marks in each subject, and not less than two-thirds of the total number allotted to all the subjects collectively, to be placed in the 1st Class.

Those who have obtained one-third of the total number of marks allotted to all the subjects collectively are placed in the 2nd Class.

The names of those who do not obtain either a 1st or 2nd Class position are not published, but a General List showing the exact position of each Student at every Examination is kept by the Secretary, from whom any Student can learn his own position, but no Lecturer shall make known to Students the number of marks obtained by any Student in any subject.

5. The Prizes shall be awarded to the Students holding the 1st and 2nd positions in the 1st Class of each Winter Session, and to those holding the 1st and 2nd positions of the 1st Class in the second Summer Session.

6. The Authorities reserve the right of withholding any prize, if no competitor of sufficient merit presents himself.

2nd YEAR'S SUBJECTS.

WINTER ...	Anatomy	Viva. (Dec.)		50
	Physiology.	Viva. (Dec.)		50
SUMMER ...	Anatomy	Paper	... ...	100
	Physiology	Paper	... ...	100
	Anatomy	Viva.	... ...	100
	Physiology	Viva.	... ...	100
	Pharmacy	Viva.	... ...	100
				600

3rd YEAR'S SUBJECTS.

WINTER ...	Anatomy.	Paper (March)	100
		Viva. (Dec.	50
		Viva. (March)	50
	Physiology.	Paper (March)	100
		Viva. (Dec.)	50
		Viva. (March)	50
			400

REGULATIONS REGARDING FEES.

1. The ANNUAL FEE for each year is £50 0 0

2. The ANNUAL FEE does not include the following, for which the Fees are as stated :—

   a. Instruction in Vaccination (by a Public Vaccinator) ... £1 11 6
   b. Instruction in Pharmacy (by the Hospital Pharmacist) £3 3 0
   c. Instruction in Infectious Fevers (at a recognised Fever Hospital) £3 3 0

3. The ANNUAL FEE is due when a student joins the School and at the beginning of each subsequent year.

4. The ANNUAL FEE is payable until the Student severs his connection with the Hospital or becomes a Full Time House Officer. In either of these contingencies an appropriate refund may be made at the discretion of the School Council.

5. All fees are to be paid in advance (i.e. at the beginning of the year on account of which they are due) at the Cashier's Office and are not returnable. Cheques should be drawn in favour of "The Cashier of the Medical School, St. Thomas's Hospital" and crossed "Westminster Bank Ltd."

6. The course of study pursued by a student paying annual fees must be continuous, unless the School Authorities, on the ground of illness or other adequate reason, may otherwise determine.

7. The payment of the ANNUAL FEE entitles a Student, during the twelve months following the date on which each annual fee becomes due, to attend the full practice of the Hospital, all lectures, demonstrations and other instruction provided by the School for students of his standing (with the exception of such courses as may from time to time be specially excluded) ; to compete for prizes, and, if selected, to hold appointments in the Hospital.

The regular course includes the Special Classes to prepare Students for the Primary F.R.C.S. Examinations, provided that these Examinations are taken before qualification.

No charges are now made for materials and apparatus, but Students must pay for breakages and for the "parts" they dissect at rates which may be ascertained in the Library.

Students must provide themselves with suitable MICROSCOPES and DISSECTING INSTRUMENTS.

II. FEES FOR COURSES NOT INCLUDED IN THE ANNUAL FEE.

Primary F.R.C.S. (for Candidates who are qualified from St. Thomas's Hospital)	15 guineas.
Primary F.R.C.S. External Students	20 guineas.
Final F.R.C.S. (including Operative Surgery):	
St. Thomas's Students	15 guineas.
External Students	25 guineas.
Operative Surgery:	
St. Thomas's Students	7 guineas.
External Students	10 guineas.

III. HOSPITAL PRACTICE.

(For other than those who enter for the full Curriculum.)

The following are the fees payable by those who desire to attend the Practice of the Hospital for limited periods, including Lectures and Post-mortem Inspections. The payment of these fees renders the Student eligible for Hospital appointments :—

For three months' Hospital Practice	15 guineas.
Six months' „ „	25 guineas.
One year „ „	50 guineas.

AMALGAMATED CLUBS.

The Social Club is housed in premises adjoining the Medical School, and under the control of a combined Committee of Staff and Students.

The Amalgamated Clubs comprise the Students' Club, the Medical and Physical Society, the St. Thomas's Hospital Gazette. and the following Clubs :—Athletic, Cricket, Football (Rugby and Association), Lawn Tennis, Hockey, Rifle, Boxing, and Swimming.

The Entrance Fee to the Amalgamated Clubs is £2 2s., and the Annual Subscription, £4 4s. which must be renewed each year on the date of entry. After the payment of the Entrance Fee and five consecutive subscriptions the Student on payment of one guinea becomes a Life Member, provided he has obtained a registrable qualification.

CLUB GROUND.

The Council of the Amalgamated Clubs are in possession of a Cricket, Football, and Lawn Tennis Ground, of more than nine acres in extent, provided with a commodious pavilion. It is situated within five minutes walk of the L. & S. W. Railway Station at Chiswick, and can be reached within forty minutes from the Hospital.

ST. THOMAS'S HOSPITAL MEDICAL AND PHYSICAL SOCIETY.

President.—J. L. Birley, C.B.E., M.A., M.D., B.Ch. Oxon.

Hon. Treasurer.—Prof. F. G. Parsons.

Hon. Secretaries.

Mr. L. B. Cole. Mr. R. S. Creed.

This Society was founded in the early part of the last century by students of the Hospital, and has for its object the reading and discussion of papers on Medicine, Surgery, and subjects of general interest, the narration of cases, and the exhibition of specimens of Physiological and Pathological interest. The Meetings are held in the Students' Club on alternate Thursdays at 8.30 p.m., and terminate not later than 10 p.m.

Further information can be obtained of the Hon. Secretaries.

ST. THOMAS'S HOSPITAL GAZETTE.

The Gazette was founded in 1891, and is published 6 times during the year. It records the current events of the Hospital and School, including reports of the various sections of the Amalgamated Clubs, and of the proceedings of the Medical and Physical Society. Articles are contributed by Members of the Staff, and by past and present Students, dealing with new methods of treatment and technique, as seen in the practice of the Hospital and with medical work and life at home, abroad and in the Services. Photographs and illustrations are frequently inserted. In this way the Gazette endeavours to be a common interest to all Members, past and present, of the Medical School.

The Gazette is supplied without further payment to those who subscribe annually to the Amalgamated Clubs. Subsequently it may be obtained by an annual subscription of 7s. 6d, or by a Composition at the rate of £1 10s. for 5 years, or 5 guineas for life.

ST. THOMAS'S HOSPITAL REPORTS.

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Edited by

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M. A. Cassidy, M.A., M.D., B.Ch., Cantab., F.R.C.P.

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After a lapse of eight years it has now been found possible to re-issue the Hospital Reports.

They contain information as to the work of all the Departments, which it is hoped may be of interest to old St. Thomas's men. In course of time it is proposed to add information as to the end results of cases treated in the Hospital, and such knowledge cannot fail to be of value to those actively engaged in practice.

Contributions dealing with the earliest and the latest phases of diseases will be welcomed by the Editors.

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